

The Elderly
Reminiscing, Coping with Loss, Accepting Death

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Abstract

This study investigated loss, death and dying, reminiscing, coping and the process of adaptation from the subjective perspective. A number of theories and models of death and dying were reviewed in the background literature search with the focus on reminiscing as a coping phenomenon.

The format of the study was audio-taped interviews with ten subjects and the recording of their memories and reminiscing of life stories. The subjects were required to complete an initial questionnaire in a demographic data collection process. Two separate interviews consisted of a primary data collecting interview and a verification interview four to eight weeks later. An independent chart review completed the data collecting process.

Data analysis was by the examination of the emerging themes in the subjects' personal narratives which revealed the sub-categories of reminiscing, loss (including death and dying), acceptance, hope, love, despair and belief. Belief was shown to be the foundation and the base for living and reminiscing. Reminiscing was found to be a coping phenomenon, within the foundation of a belief system. Both living and reminiscing revealed the existence of a central belief or value with a great deal of importance attached to

it. Whether the belief was of a spiritual nature, a value of marriage, tradition, a work ethic or belief in an abstract value such as fate, it gave support and control to the individuals' living and reminiscing process. That which caused despair or allowed acceptance indicated the subjects' basic belief and was identified in the story narrations.

The findings were significant to health care in terms of education, increased dignity for the elderly and better understanding by society. The profiles represented an average age of 86.3 years with age showing no bearing on the life experiences associated with the emerging themes. Overwhelmingly, belief was shown to be the foundation in reminiscing. A Judeo-Christian cultural value base supported the belief in 90% of the subjects; however, different beliefs were clearly shown indicating that belief is central to all thinking beings, in everyday life and in reminiscing. Belief was not necessarily spiritual or a practised or verbalized religion. It was shown to be a way of understanding, a fundamental and single thread tying the individual's life and stories together.

The benefits were the outcomes, in that knowledge of an individual's belief can optimize care planning for any age group, and/or setting. The strength of the study was the open question format and the feedback process of data verification. The unrestricted outcomes and non-specificity

were significant in a world where dying is everybody's business.

A quotation from the Bible is a fitting preface to the research, with loss and acceptance in every line: Love and hope in every word. The reminiscing covers two thousand years.

Ecclesiastes III

To every thing there is a season, and a time
to every purpose under the heaven:

A time to be born, and a time to die;

A time to plant, and a time to pluck up that which is
planted;

A time to kill, and a time to heal;

A time to break down, and a time to build up;

A time to weep, and a time to laugh;

A time to mourn, and a time to dance;

A time to cast away stones, and a time to gather stones
together;

A time to embrace, and a time to refrain from embracing;

A time to get, and a time to lose;

A time to keep, and a time to cast away;

A time to rend, and a time to sew;

A time to keep silence, and a time to speak;

A time to love, and a time to hate;

A time of war, and a time of peace.

THE BIBLE

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I am indebted to the management staff of the seniors residence for giving me the opportunity to work in such a pleasant, positive environment. I hope the results will benefit them in their work lives, and continue to enhance

life for seniors in this already inviting home.

Finally, I acknowledge the love and understanding of my own family, who provided the emotional support necessary for me to keep on keeping on, who stepped back and gave space when space was needed, and who were there when nearness was required. Their caring was my lifeline.

I'd like to make a toast: May the champagne of life continue to flow and honour all those who, by their unique support and caring, have participated in this project of love, and in so doing, made a difference. Thank you.

Table of Contents

Abstract.....	ii
Quotation.....	v
Acknowledgements.....	vi
CHAPTER ONE: THE PROBLEM.....	1
Background of the Problem.....	1
Problem Statement.....	4
Rationale.....	5
Key Terms and Definitions.....	6
Scope and Delimitations.....	10
Organization of the Thesis.....	11
CHAPTER TWO: REVIEW OF RELATED LITERATURE.....	13
Death and Dying.....	13
Reminiscing.....	26
Loss.....	39
Summary and Conclusion.....	43
CHAPTER THREE: METHODOLOGY AND PROCEDURES.....	48
Method, Sample Selection and Setting.....	48
Data Collection	52
Data Analysis.....	55
CHAPTER FOUR: FINDINGS.....	59
Profile Analysis.....	60
Numerical Data Analysis and Story Analysis.....	75
Reminiscing.....	79
Acceptance.....	80
Loss.....	82
Emerging Themes.....	84
Hope.....	85
Despair.....	87
Belief.....	88
Chapter Summary.....	93
CHAPTER FIVE: CONCLUSIONS AND RECOMMENDATIONS.....	99
Review of Assumptions	100
Limitations.....	102
Internal Validity.....	103
External Validity.....	104
Dissemination.....	105
Implications for Practice.....	105
Strengths of the Study.....	107
Recommendations.....	108
Feasibility.....	109
Summary.....	109
Conclusion.....	112
References.....	116

Appendix A:	Release Form for Seniors' Residence.....	121
Appendix B:	Subject Information Sheet.....	122
Appendix C:	Consent Form for Participants.....	123
Appendix D:	Researcher Introduction.....	125
Appendix E:	Interview Guidelines.....	128
Appendix F:	Triangulation of Theory Outline.....	129
Appendix G:	Pilot Study.....	130
Appendix H:	Chart of Individual Numerical Percentages Values.....	136
Appendix H(i):	Samson.....	137
Appendix H(ii):	Thomas.....	138
Appendix I:	Chart of Overall Numerical Values.....	139

CHAPTER ONE: THE PROBLEM

The intent of the study was to investigate the relationship of reminiscing in the elderly to their acceptance of loss, death and dying: My endeavour was to determine the purpose of reminiscing for the individual coping with loss and accepting death as a final loss, I proposed that the elderly spend time in reminiscing and reviewing the past as a means of coping with and accepting loss, to enhance the present and give meaning and value to their lives, as they prepare for leave taking in accepting their own deaths. I further theorized that the experience of reminiscing is undervalued by society and needs to be looked at and investigated in terms of the support it provides.

Death and dying were discussed in terms of models and theories, health, illness, reminiscence and loss. Loss was addressed in relation to non-death loss and loss by death. Reminiscence was investigated in coping with loss and death, and in terms of purpose. All were investigated in relation to the elderly.

Background of the Problem

One of the certainties of life is that, having been born, you will die. Death is a major life passage. The aware accept or fight against it. "Rage, Rage against the

dying of the light," says Dylan Thomas (1951) cited in A. Sinclair (1975) in a poem written when his father was dying. The poetic form embodies the thought as an expression of this internationally renowned poet's thinking, a personal comment and a reflection of society.

In the 1990s, death is becoming a major pre-occupation, a predominant concern of the times. The baby boom population is aging and, by the year 2000, the aged population will be greater than at any other time in known history (S. V. Saxon & M. J. Etton, 1987). There are numerous contributing factors. The increase in the individual lifespan, as well as the number of people in society, has both grown and evolved in terms of living and working. Demographic changes, culture and immigration trends depict a changed pattern to the Canadian mosaic. From antiquity to the twentieth century, death and coping have been considered a normal part of life. As recently as the 1940s, death usually took place in the home, in all age groups, with the attendant family participation and funeral arrangements. In those days mourners and family adapted as a part of the life process.

Medications, improved health care and the industrialization and commercialism of society have made death a province of the elderly. Progress, in turn, has led to a need for increased care of the elderly and the

introduction of residential and long-term care programs. Using simple mathematics and known lifespan statistics, it is clear the "greying of America," a phrase coined by Schaie and Willis in 1986, as cited in Saxon & Etton (1987) is taking place. This is significant since humans by nature are self-absorbed and this "me" perspective makes us interested primarily in ourselves. The elderly are viewed with a sense of foreboding of the future, of what "we" may need, and become. Witness the rise of studies in gerontology these fifty years after the birth of the post-war baby boom generation. This is background, a topic for future investigation. It is, however, the foundation of the problem for the research I have undertaken.

Loss, dying, grieving and coping have been a concern of humanity through the ages. Different cultures handle the process in different ways. Be they myth, folklore, culture or religion based, the stories passed down through the generations focus on loss, reminiscence acceptance and hope in an adaptation process. In the past two decades research on death and dying has steadily increased, with the eighties showing a heightened focus on reminiscence. While reminiscence has been primarily considered normal and expected, little is understood about how it is carried out. Loss and grieving have been investigated in varying degrees, generally considering reminiscence in the context of a

normative process (Dr. V. Marshall, 1980). The coping function has not been made clear.

Behaviour changes occur as individuals adapt to changed circumstances. Losses may be emotional, financial, physical, psychological, or social role changes. All behaviour reflects an adaptation process. The process, together with the influencing factors, affects the quality of life for both the individual suffering, grieving, dying and those coming into contact with that individual, in whatever guise. The topic is vast and all encompassing, yet infinitesimal, individual and specific. It impacts on all. Loss and coping need to be described from the subject's viewpoint. In the lyrical terms of a metaphor, "It's not enough to study them like beetles under a microscope, you need to know what it feels like to be a beetle" (R. Fisher & T. Ury, Getting to Yes, cited in J. Crum, 1987, p. 150). Given the foregoing history, the focus of my investigation was subjective and outlined specific aims.

Problem Statement

The results of studies have consistently shown the elderly as being very interested, to pre-occupied with the past. Studies have also shown that those aware of impending death go through a grieving process or coping state and may

or may not obtain acceptance and understanding. It has further been established that significant emotionalism is involved, whether the loss is by the death of someone close, the actual person, and/or a secondary loss. With loss of whatever magnitude, there is a working through process to acceptance and/or denial. A secondary issue is the remembering and relating of prior happenings and situations. These facts raised a number of questions. How do people cope with the approach of death and its associated high incidence of personal losses? How do they accept the idea of dying themselves or the loss of those they care about? What part, if any, does reminiscing play in the process? What, or is there a purpose to reminiscing? These questions have not been addressed in previous research.

A further concern is society's attitude. Can this be changed to benefit the elderly, to improve self-esteem and give dignity and respect to all? Over all, reminiscence in relation to dying, loss, and coping is not well understood and there is a paucity of subjective analysis. What can be done about it?

Rationale

The purpose of the study was to investigate the relationship of reminiscing to loss, death and dying: to

determine if reminiscence is used as a coping mechanism in the adaptation to loss, up to and including the loss of life; to determine the purpose of reminiscence and investigate reminiscence and coping from the subjective perspective, an area not heretofore well explored in relation to the well elderly. With an interest in gerontology and a concern for the elderly, my specific interest was to isolate factors which could be used to improve life for the elderly. Specific aims were:

- to describe the influence and impact of loss on the elderly;
- to analyze how the elderly cope with loss and death;
- to focus on the elderly's adaptation to loss and death from the subjective perspective;
- to determine the purpose of reminiscing.

Key Terms and Definitions

Activity theory - there is a positive relationship between activity and life satisfaction, the greater the role loss, the lower the satisfaction (Bruce W. Lemon, Vern L. Bentson, & James A. Patterson, 1976, in "An Exploration of the Activity Theory of Aging" S. Kart & B. Manard, 1976, p. 61).

Acceptance - a taking or consenting to take something; a general agreement or approval is given (The New Webster Dictionary and Thesaurus, 1992).

Aged - the age of 65 is considered as old by American/Canadian culture in forcing individuals to retire from the work force (Kart & Manard, 1976, pp. 4-223).

Chart review - an analysis of the documented written notes, legitimately retained within a file called a chart in medical and legal terms. An analysis of a tabulated record (Tabers Medical Dictionary, 1986).

Coping - to contend with a situation or a problem (The New Webster Dictionary and Thesaurus, 1992).

Contextualist theory - the social environment plays an important role in individual development (Wm. P. Nye 1992-93).

Continuity theory - the smooth transition from one stage to another (The New Webster Dictionary and Thesaurus, 1992).

Dying - going out of use: to the death bed, to die: to cease to live, to become extinct (The New Webster Dictionary and Thesaurus, 1992, p. 265).

Declining energy theory - aging conceptualized as a progressive decline of vigour and resistance with the passage of time (M. Weiner, N. Brok, & A. Snadowsky, 1978, p. 13).

Disengagement theory - people reduce their socialization and social roles as they prepare for death. The theory provides for a transitional period between the end of institutional functioning and death (Weiner, et. al., 1978, p. 536).

Elderly - used interchangeably in the paper, with the term aged, defined as persons over age 65.

Phenomenology - a research method mapping the qualitatively different ways in which people experience, conceptualize, perceive and understand various aspects of phenomena in the world around them. It is concerned with the relations that exist between human beings and the world around them (F. Marton, 1988, p. 31).

Integrity - the quality of wholeness, being unimpaired (The New Webster Dictionary and Thesaurus, 1992, p. 503).

Loss - to cease to have and the harm, trouble or sadness caused by losing or an instance of this, a person, place or thing. The decrease of a quality or degree of loss (The New Webster Dictionary and Thesaurus, 1992, p. 556).

Reminiscing - the activation of long-term memories (The New Webster Dictionary and Thesaurus, 1992).

Narrative method - the description and re-storying of the narrative structure. The study of narrative is the study of the ways humans experience the world (F. Connelly & D. Clandinin, 1988).

Nursing theory - Roy model - a theoretical base for nursing care using a holistic approach involving adaptation to, and effective coping with, the changing environment to maintain and increment health: To increase effective and decrease ineffective patient responses by the management of stimuli to promote the health and integrity of the system (condensed: D. Grinspun, 1991).

Seniors' Home - a retirement home, differentiated from a nursing home, as being a place for the elderly to live, obtain meals, share the common areas and socialize within a protected environment; and not requiring specific nursing care hours over each twenty-four hour period. (This is published annually by the Ontario Ministry of Health regulations for the province of Ontario.)

Self-esteem - one's good opinion of one's dignity (The New Webster Dictionary and Thesaurus, 1992).

Story - narrative reports given by subjects in re-living, re-telling and reviewing past happenings. The reflecting on, and about, events and experiences. The reflection and deliberation, moving back and forth in a cyclical fashion, and addressing experience by story telling (Connelly & Clandinin, 1988, p. 9, citing J. Dewey, 1938). Story has been used as interchangeable with narrative.

Wear and tear theory - the process of normal aging occurs as a result of body deterioration - just as a machine wears out

when it has been used too long. The theory is from an eighteenth century medical philosophy which combined the concepts of mechanical physics with medicine to explain the body in terms of physics (Weiner, et. al., 1978, p. 11).

Scope and Delimitations

The research was based on five assumptions:

- Dying is negative and passive but can be positive and active.
- People want to know they are going to die and a subjective analysis will provide valuable information.
- Individuals respond to loss and death in similar ways and by a common defence mechanism, reminiscence.
- Reminiscence will be more beneficial when individuals have an understanding of its purpose.
- Reminiscence is used as a coping mechanism by those elderly who lack purpose in their lives and use reminiscence to fill that void.

There is a paucity of information on coping and reminiscing with little available from the subjective perspective. The analysis of subjects' stories gave results which were compared and measured with existing theories on death and dying in a review of pertinent literature.

Organization of the Thesis

In the introductory section, I presented the background foundation and the rationale for the study. Chapter two reviewed the literature pertinent to death and dying, loss, reminiscing and coping. The review was written under sub headings specific to each topic and each section followed the chronological order from the earliest to the most recent works. Chapter three described the method, the subject population, the sample, the setting and the data analysis. Chapter four gave the findings and the analysis of the content and meanings for all data. My description of the recurring and emerging themes showed the analysis of content and meanings in relation to the study topic and the new issues presented. The research was related to three major theorists, A. Maslow, E. R. Erickson and R. M. Butler in triangulation of theory, which, in turn, was inter-related to the Elisabeth Kubler-Ross works on death and dying. Methodology was triangulated by the recorded life story reminiscing of the subjects. I conducted a chart review and member checks on each subject. My reflexivity as interviewer/researcher was rigorously maintained and the data were analyzed and categorized in story analysis. Chapter five set down the conclusions and recommendations from the conceptualization through the dynamics involved. The investigation was summarized and concluded with a

description of the limitations, advantages and disadvantages of the methodology. Suggestions have been given for the use of the findings and how these may benefit society and the individual.

CHAPTER TWO: REVIEW OF RELATED LITERATURE

The literature review was presented under three sub-headings. Firstly, in death and dying, I introduced the models emphasizing the stages model. Pertinent theories were reviewed from the health/illness perspective. The methodology and research design was addressed in the section on death. Secondly, in reminiscing, the emphasis was on works investigating the life review process, bereavement and grieving. Thirdly, in loss, non-death losses were reviewed in an examination of the magnitude and place of coping.

Death and Dying

Models and stages of death were investigated in some depth by Joy Moon (1990) in a study on AIDs. The task, growth and stages models were reviewed and reported on, as part of the life/illness works. The stages model, Elisabeth Kubler-Ross (1969), has been reviewed in greater depth, as significant to the study herein.

Kubler-Ross, in 1969, stimulated the interest of the public by her innovative and exploratory work on death and dying in an examination of the hospitalized terminally ill. She questioned and recorded the statements of the dying. This led to the development of the stages model of the death and dying phenomenon, which has become the basis of international research and teaching. In 1994, the majority

of Canadian research on death uses the Kubler-Ross theory as a baseline. She theorized that dying takes place in five stages ranging from denial, Stage One, through anger, Stage Two, to bargaining, Stage Three, depression, Stage Four and to Stage Five, acceptance. Initially, the stages theory was written and interpreted as a chronological process but with progressive work it became clear to Kubler-Ross that the stages did not always follow in sequential order but may overlap, progress and regress.

Kubler-Ross further developed the theory and wrote on the changing process and the stages as being present but varying in both stage and intensity. She applied the model to the grieving process and developed a counselling program (Kubler-Ross, 1982) for the grieving, dying and those working with them. One of the criticisms of her work, however, remains tied in to the concept that the stages are chronologically ordered.

Other researchers have looked at death in a similar way. Albert (1990) was quoted in a geriatric care article on his work outlining nine stages of grieving, as compared to the Kubler-Ross model of five stages. Discussion centred on the positive aspects of monitoring emotional and social health, self-satisfaction and confiding relationships, thus addressing the coping aspect in the grieving process. Both works showed the basic coping activities as similar.

Moon (1990) investigated models of dying in an exploratory study on AIDs and bereavement. Her literature review analyzed the stages, task, and growth models of death. The task model was identified by C. Parks and W. Weiss (1983) relative to spousal coping and based on the Parks Task model of 1972. This model, like that of Kubler-Ross, identified stages in that four tasks of the grieving process are necessary to move beyond grief and develop a new identity as widow/widower, or as the status may be. The growth model of Stern (1985), cited by Moon, theorized dying as growing at the personal level to a state of understanding and acceptance. Overall, the task model suggested a route, the growth model addressed behaviour, and the stages model a process of passage. Moon interpreted the models as being on somewhat of a continuum, rather than as each complete on its own (Moon, 1990). This suggests the dying phenomenon as a progressive process with dying taking place in a series of steps wherein the dying individual completes tasks within stages and in the process grows to a state of acceptance.

Dr. Victor Marshall (1980), in an interpretive perspective on aging, looked at the normative and the interpretive approach. People recognize that with age, time is running out, and life becomes preparation for death, and the dying process, itself. In "Aging in Canada" (1980), he re-affirmed the disengagement theory, the ego development

process and the life review concept. All were significant to the topic, herein. Said Marshall, "The status passage of aging becomes expanded backward to encompass the entire biography of a person" (Marshall, 1980, p. 57). He argued for the re-construction of the past by reminiscence, with the most successful results shown in social situations. "Socialization is a process through which people internalize their expectations for conduct and age-related conduct" (Marshall, 1980, p. 57). Aging is irreversible and leads to death. The social setting is a vital factor in the process.

In an earlier study Marshall investigated death by asking questions on attitudes towards death. He compared the results to a national survey done by John Riley in 1970, which showed that the residents of the setting used had indeed legitimated dying and death, and to an extent that exceeded that of the national population (Marshall, 1980). This gives an overall perspective of the elderly as preparing for dying and accepting death.

"Aging is a status passage unlike any other," stated Marshall (1980). He quoted an earlier researcher: "It is an inevitable status passage" (A. Dawe, The Two Sociologies, 1970, as cited in Marshall, 1980, p. 56). "People can exit from the marital status passage at virtually any time, they can skip school, have an abortion, or quit their jobs. But aging, as noted by Glaser and Strauss in 1971, and as is

evident to us all, is an inevitable status-passage. There is no exit" (Marshall, 1980, p. 56). This conclusive statement outlined my own belief. When you get a divorce, graduate from university or move on, you say goodbye to a time frame. Goodbye is the period at the end of a sentence. Age is the sentence. Death is the exclamation mark at the end of the paragraph, the star at bottom of the page denoting the end. Whether it is the introduction to a new story remains a mystery. More research is necessary, but how to measure the reality?

From the theoretical perspective, C.G. Jung (1957) had this to say about the need for research and the measurement of reality.

The statistical method shows the facts in the light of the ideal average but does not give us a picture of their empirical reality. While reflecting an indisputable aspect of reality, it can falsify the actual truth in a most misleading way. This is particularly true of theories which are based on statistics. The distinctive thing about real facts, however, is their individuality. Not to put too fine a point on it, one could say that the real picture consists of nothing but exceptions to rules, and that in consequences, absolute reality has predominantly the character of irregularity. (Jung, 1957, p.9)

Jung established that different types of research are necessary in carrying out investigations. Thus, the point is made that research needs to be done as both statistical evidence and story telling analysis to "get at" the information.

In a study on narrative inquiry, Connelly and Clandinin commented: "Narrative inquiry is a primary phenomenon in education and a basic phenomenon is life" (Clandinin & Connelly, 1988, p. 1, citing Dewey, 1934). "The storied quality of experience is both consciously and unconsciously re-storied, retold and relived, through reflection. The study of experience is the study of life" (p. 3). This can be viewed as the interpretation of the past of the story teller being re-told by the speaker of the moment. It is a diary of events. Dewey looked at story telling as "reflection and deliberation moving back and forth in a cyclical fashion" (Connelly & Clandinin, 1988, p. 57); thus becoming, not a certainty in information, but "producing likelihood" according to Polkinghorne (1988) in Connelly and Clandinin, 1988. Narration is practical and addresses experience: It may change and deals with the past, the present and the future. The elements of story include time, personal knowledge, reflection and deliberation (Connelly & Clandinin, 1988, citing Dewey, 1934). These elements can be seen as a part of the stories in the research under way. In

artistic comparison, the subjects can be seen as actors on the stage of the theatre of the moment. The elements of time, knowledge, reflection and deliberation are the play which can be moved from theatre to theatre and adapted by the players, the subjects, for the audience and the stage. The imbedded themes remain intact, although the play, itself, is presented in different ways.

It is much like a presentation of Shakespeare's "As You Like It" at Stratford-on-Avon, the Metropolitan Opera, or an outdoor production by local players in a town park. It is the same story narrated very differently. In each case the actors, the stage and the audience changed, and were involved; but the inner core of the theme remained. This can be compared to the reflections and stories of the elderly in reminiscing.

As the researcher, I examined the stories, interpreting and reporting the findings from the researcher observer perspective. A researcher observer and a participant observer differ in that participant observers become part of the process whereas the researcher observer reports on the process. The process of the research herein was more reporting than participating. It included stories in the descriptions of the findings and the profiles of each subject in describing those findings. Within the story narration concept, I was a researcher observer as described

by Connelly and Clandinin (1988), in that the researcher observer writes for an audience and the participant observer becomes involved in working and living out the process with subject. "It is the audience which separates the interests of researcher observers and participant observers" (Connelly & Clandinin, 1988, p. 24). My research was written for that larger audience as an account of the experiences in anecdotal stories, with the interpretation and analysis of emerging themes providing new information.

Van Manen (1990), noted that "reading of anecdotal stories reveals various themes" (p. 170). Thus, research involving conversation analysis may be reworked into structured stories, and/or analyzed for relevant anecdotes and/or contrasting ways of seeing (Van Manen, 1990).

Phenomenology looks at the individual's understanding of phenomena and concepts, how we understand and perceive things. This was my perspective and role in analyzing the storied biographies. "In describing the phenomenological perspective of biography as a researcher I try to describe an aspect, or the world, as it appears to the individual" (Van Manen, 1990, p. 31).

Robert R. Sherman and Rodman B. Webb, in 1988, edited a paper by J. K. Campbell on the quality of biography in qualitative research in education. Overall, it theorized that human study involves perspective. "But," said

Campbell, "all perspectives are interpretations of the world. There may be realities to be found, or simply many perspectives of reality, but whatever there is begins in the autobiographical self" (p. 71). My objective as researcher was to look inside the life of the subjects and, as stated by Campbell "in order to get the bearings on others, one must have more than one reference point, including one's own, and more than one method" (p. 72). It was from this perspective that I carried out the investigation.

A researcher investigating a life story is somewhat like a cook making chocolate chip cookies. The researcher/cook is the process master and supplies the key ingredient of chocolate chips; the subjects are the batter. The mixing is done by the researcher. The biographies provide a mixture of ingredients. The researcher/cook mixes, molds and shapes the cookies such as to make the story tasty, filling exciting, satisfying, educational, or whatever, for the consumer. The chips hold the batter together, making of batter and chips a different mixture than each was before the combination. The getting together, the mixing, made each greater and more meaningful than before the interaction. Thus, it is clear that chocolate chips are one thing and the batter is composed of a number of separate ingredients; the stories given in the interviews. These pieces of people's lives, bits of cookie

batter, are the study of human science: in other words the examination of the "I-Thou" relationship and the lived experience.

The rules for understanding are different in research and baking, but the recipe/method used influences the final results. "We are mutually involved in one another's biographies" says R. Sherman and R. Webb (1988, p. 62, citing Schultz, 1962). Like baking cookies, there is distinction between qualitative and quantitative style, but "all research must consider qualitative as well as quantitative methods" (citing Elliot Eisner, 1985, 1979, Sherman and Wells, 1988, p. 67). From a personal perspective, life stories are like cookies. We consult a book of recipes and choose the method of choice. The results reflect both quality and quantity and the expertise of the cook: So it is with life stories.

The literature focus on death turned from research design to the health/illness perspective of the patient and the adaptation of the survivors. One example presented from the subjective perspective is that of Moon (1990). In this Canadian qualitative work, Moon investigated twelve subjects, six male and six female survivors of AIDS or AIDS-related victims' deaths. All were non-paid volunteer participants. Findings made two pertinent points. "One, some people do experience very positive bereavement

outcomes; and two, there appear to be patterns to the phenomenon" (Moon, 1990, p. 9). Twenty-one positive changes were described by over 50% of the participants studied. Attitudes toward religion and death changed consistently and considerably. Results did not suggest that findings were restricted to AIDS-related bereavements, nor were positive outcomes restricted to the AIDS-related phenomenon.

"Bereavement is more than letting go and it is more than learning to live without the deceased. Over-all results show, perhaps love is the most contagious aspect of AIDS. Something of value can be found in the process of dying and grieving" (Moon, 1990, pp. 76-78).

Death and dying were related to lifespan, suicide and the care perspective of the worker in an age over the lifespan investigation in relation to physical, psychological and emotional health, up to and including suicide. Joseph Richman (1992) looked at rational and non-rational suicide in the elderly. He argued that more work has been done on rational than irrational suicide. Results of the study suggested a new approach to looking at suicide and death in the elderly.

Robert Kastenbaum (1992) investigated suicide and the elderly, in terms of lifestyle. Do they live alone? Is there a depression pattern? What is the income level? Are

they male or female? He found that elderly males are more vulnerable.

Derel Humphry (1992) investigated suicide in relation to the aged, arguing for the benefits of suicide to eliminate the suffering in terminal cases. Results showed some positive value to rational suicide, and a need for further research.

There has been considerable discussion amongst the general public about rational suicide in present-day Canada. Media reports from 1992 - 1994, have been exemplified in the reprint of a Dying With Dignity newsletter (To-day's Seniors, October, 1993), which demonstrated public interest in suicide and private attempts to impact policy making.

In a narrow 5 - 4 decision, the Supreme Court of Canada dismissed the appeal of Sue Rodriguez in its decision announced September 30, 1993. Ms. Rodriguez is terminally ill with ALS (Lou Gehrig's Disease) and had petitioned the Court for physician assisted death so that her doctor would not be charged under Section 241 (b) of the criminal code. This places the onus on Parliament to develop legislation (Dying With Dignity, October, 1993, p. 1).

Joan Neiman, with the Federal Government in Ottawa, is currently chairing a Special Committee of the Senate to examine and report on the legal and ethical issues related to assisted suicide and euthanasia (To-day's Seniors,

Newsletter, September, 1994). In this way news reports show the public as interested in the issue of dying and reflect the impact at policy-making levels, while studies show the aged as interested in dying, suffering depression, and in need of a coping mechanism.

Death has been investigated in terms of theories. Historically, there was the wear and tear theory and the declining energy theory, both in colloquial terms and as topics of research studies. The theories reviewed as relevant were the continuity, disengagement and activity theories.

According to the activity theory, people want to stay active throughout their lives. New activities are developed to replace those lost. It has been a common perception of society that this comes from the protestant work ethic and the American philosophy of achievement orientation or the drive to keep busy.

The disengagement theory is an example of research dealing with psychological and emotional issues in theorizing that people reduce their social roles as they prepare for dying. As people age and become aware of decreasing energy, reduced health and usefulness, they withdraw from society (Marshall, 1980).

William. P. Nye (1992-93) investigated the continuity theory of aging and reported on a two-year study entitled Amazing Grace, which analyzed religious themes. Findings

determined that themes are indeed a part of reminiscing in the life stories of the elderly. In a study of black elderly in the southern United States, with the central focus of religion, results showed the theme of religion as having a central and significant impact on the lives of the participants (n=43) in a review of their life stories collected by theoretical sampling (Glauser & Strauss, 1978). Religion permeated and sustained their lives. Interestingly, reported Marshall, "the theories do not address death. Only a small number of theories have looked at how older people feel about death... . The major theories of aging avoid the subject" (Marshall, 1980, p. 8).

Reminiscing

Memories can be expressed in a number of ways, usually by re-living and/or re-telling. In the elderly this ranges from simple nostalgia to morbid obsession. Pertinent qualitative and quantitative studies reviewed had the dominant focus of re-telling and review. In the past, reminiscence has generally been considered a behaviour pattern in the normal development and aging process, a part of the lifespan perspective relative to different ages and personality dimensions. Historically, developmental psychologists considered reminiscence as a final stage of

development. Abraham Maslow, E. H. Erickson and R. M. Butler are three of note with the relevant works reviewed and the reports included.

An early psychologist researcher, Charlotte Buhler (1967) investigated achievement, fulfillment and the adjustment to aging. Sigmund Freud wrote on ego protection in relation to the self (Freud, 1936) and Carl G. Jung, in 1957, wrote The Undiscovered Self, on the individual in relation to the self. In The Stages of Life, (1960) he described life as a continual series of changes in the personality. Individualism developed in this manner and was made up of male and female psychic components. Changes occurred in old age as the individual became more childlike and more like the opposite sex, with men becoming less aggressive and women more aggressive, competitive and more masculine. In Memories, Dreams and Reflections, (1963) Jung looked at reviewing the past and was global in his approach.

Eric H. Erickson, in Identity and The Life Cycle (1959), and Reflections On Dr. Borg's Life Cycle (1976), in similar vein, built on Jungian and Freudian theories, addressing personality development, growth and change. He theorized eight stages to the psychosocial development process, with old age a time of conflict in integrity versus despair. A balance was necessary and integrity would assimilate despair even in the face of death (Erikson, 1959). He did not set the stages into specific ages but

allowed for a loose age/stage structure. The perspective was both specific and global, in that it applied to one and to all.

Robert M. Butler, a research psychiatrist, postulated that reminiscence is a normal and healthy part of the aging process. In The Life Review (1963), and Aging And Mental Health (1973), (Butler & Lewis) he presented the life review process as a necessary part of preparation for death and a recognition of the meaning and purpose to the individual's having lived. The review may be evaluative or explorative, resolving feelings and issues not previously dealt with. This gives the individual the opportunity to let go, may give both pleasure and pain, but permits acceptance of the past as a part a person's reality of the present (Butler, 1992).

Abraham Maslow (1970) developed a "Hierarchy of Needs" and established the life process as continually evolving in meeting human needs in ages and stages over the life cycle. The primary need is the physical, to safety, to social, to esteem, to the final need of self-fulfillment. Each need is related to ages and stages over the lifespan, but may be individual within an age with the five needs being both a part of, or complete within each time frame. A satisfied need is not a motivator of behaviour but as soon as one need

is satisfied another appears and the process is unending until death (Maslow, 1970).

My interpretation suggested herein was that Maslow's "Hierarchy Of Needs" compares to Erikson's "Growth And Development" theory, which proposed the life cycle as the development through eight ages with the final age being the elderly. Maslow theorized the life cycle as progressing through stages of needs with the final need to be met that of acceptance of self, in self-fulfillment: "What a person can be he must be" (Maslow, 1970). This fifth age is a stage of universal love and acceptance. I compared it to Erikson's final stage of growth and development as well as to Butler's life review analysis, postulated as preparation for dying: "A summation of one's life is made and one is preparing for death" (Butler & Lewis, 1973). The Kubler-Ross five stages of dying have been interpreted as sitting on the foundation, and an outgrowth of the ages and/or as stages set down by Erikson, Maslow and Butler (Appendix F).

The foregoing gives evidence of research into the behaviour of aging during the process and over time. The ideas and theories of the theorists more or less coincide. Assumptions and the development of theories have been questioned; however, research has shown that the results of irregularities, when investigated, become established as norms. The words of Jung, in a previous paragraph, support

this concept. From the earlier to the more recent works, studies have shown a progressive focus on ego development, the stages of life and the impact of social, emotional and psychological factors on the aging and in the dying process. The resolution of the final stage of death with needs met, takes place in the acceptance of dying and while retaining integrity. Self-actualization provides for death with dignity and peace. In this way, the theories develop overlap and inter-relate with one another. The theories, like the models, are on somewhat of a continuum, but within the process, rather than in a chronological order. This concept looks at the dying process in similar yet different ways. Overall, it provides triangulation of theory to the investigation.

A number of contextualist psychologists have investigated historical and cultural issues in various areas, including the aged. Expanding on the contextualists' theory, Simone Lamme and Jan Baars (1993) completed a study on the impact of social factors in looking at change over the course of a lifetime. The age of 65, and leaving the work force, was found to be a pertinent, impacting factor. Retirement, the announcement of aging to the world by society's definition and identification, demonstrated social inequality, influenced the life course, and affected people as aged, especially as to income. The effects showed up in life patterns which in turn were reflected in the content

and extent of memories. Other factors such as health, mobility and culture also had impact. Reminiscence was typical with distribution in all ages confirming the marginal social position of the elderly (Lamme & Baars, 1993, p. 305). Final results did not support reminiscence as life review, but did show the need for socialization factors to be considered in greater detail as well as the need for further research.

Michael S. Caserta and Dale A. Lund (1992) studied a bereaved spouses' self-help group in a longitudinal study over a four-year period (1985-1989), with over-all positive results for the group, regardless of the duration of the group or the qualifications of the leader. Results were shown as more significant with the greater length of time in attending the group. Interventions and adaptation to interventions were examined with results showing that competencies have a greater impact than interventions on victims' adaptations. The bereaved gain benefits from the personal qualifications they bring to the group. It is important that those with skills use them. Final results were mixed due to the varieties in social skills and the structure of the groups wherein people came and went. The sample group participants were randomly selected adults over fifty, (n=239), in the setting of urban cities. A short-term, long-term and a control group were included, divided

up into 26 groups, of which 13 were led by widow/widowers and the remainder by counsellors.

The objective was four-fold, the task of grief, the reality of loss, experience and pain, the adjustment to a new environment, and, finally, the re-investment of emotional energy into other relationships. The (1965) Rosen self-esteem scale was used to measure life satisfaction. Competency was measured by nine skill-rating questions (Caserta & Lund, 1992). Outcomes showed adaptation and grief correlations between self-esteem and life satisfaction and self-esteem and competencies suggesting that these resources were not impacted by self-help intervention. Demographics were not associated with outcomes variables. Over-all results showed interpersonal resources as more influential than self-help groups in reducing spousal bereavement. Self-esteem, competencies and life satisfaction were due to influences prior to the intervention. Early depression had a direct impact; therefore self-help was an aid to older spouses who do not possess resources. Depression was reduced in those who attended the group for the greater length of time. The study limitations were due to the selected outcomes, resulting in the need to examine the effectiveness of bereavement self-help groups on a day to day basis (Caserta & Lund, 1992).

Caserta and Lund (1992) published a second paper, showing the similar results outlining the positive relationship in the emotional support of self-help groups to bereaved spouses. Regardless of the type of group leadership, emotional support was the most common need identified. These works relate to the aims of the study by providing a baseline and a frame of reference in establishing positive results, limitations and needs.

Pat Sable (1991) investigated attachment and spousal grief in 81 women, aged 23-82, with 74% over 50 years of age. Findings showed that in spite of much literature showing the elderly as adjusting well to bereavement and grief, on the Texas inventory of grief scale, elderly women were found to suffer more intense grief than younger women. Results also identified the need for more interest and attention to reduce the loneliness and distress of losing a spouse. "The pain and anguish of spousal loss is related to the long-term attachment. The challenge remains for those working with the elderly to help restore some meaning to their lives" (Sable, 1991, p. 139).

Finally, the general public consider the elderly as living in the past when it was found that long periods of time have been devoted to dwelling on past happenings. This has been exemplified in general knowledge, news media reports and in the Arts. Writers, from William Shakespeare

in As You Like It, "ages of man" speech, to Dylan Thomas' poetry, to modern times, have presented it in art form. Researchers study the clinical perspective. Professionals have treated, documented and investigated the problems at length in geriatrics and gerontology (Saxon & Etton, 1987). Story tellers, educators and reporters have written, and continue to write and report for the interest, pleasure, and education of their readers.

One such writer, a minister and a ten-year worker and volunteer in gerontology, Doug Manning, identified the elderly as without purpose, and saw this a contributing factor to their depression and lives. In The Nursing Home Decision (1983) Manning wrote about the decision to consider a nursing home for a relative. He highlighted purpose and addressed the main problem of the elderly in these touching words of an elderly friend.

She told us about aging. Not the normal stuff about lost memory, lost teeth, and various aches and pains. She cut through to the heart of the matter. She said. "All my life I was looking forward to something. First it was getting out of college, then marriage, then a new home, then a family, then the marriage of my children then the empty nest and time to travel with Bob. Bob is gone, I am retired and all I can do is look back. There is nothing to look forward to except

the day I am to die. I have lost my purpose. The rest of it I can handle. So what if the old body creaks a little. The loss of purpose leaves me with no reason to live and no way to die." (Manning, 1983, p. 86)

Janet Anderson Yang and Lynn P. Rehm, in 1993, published a study of autobiographical memories in the depressed and non depressed elderly. In a (n=27) per each category study they found results consistent with mood, in that participants recalled more pleasant memories when happy and more unpleasant ones when in a sad frame of mind. Overall findings showed the recall of memories evaluated as happier were associated with less depression. Their work supported that of previous researchers in suggesting that reviewing the past integrates life conflicts. Although clear conclusions can not be drawn, the paper has impact for the reminiscence process and is relative to the mechanism of reminiscence and/or coping.

In a quantitative study of memory and aging, Paul Verhaeghen, Alfons Marcoen and Luc Goossens (1993) did a meta-analytic literature review on adult differences in speed of search in short-term memory finding that elderly people do suffer memory loss in speed of recall. The findings, however, did not show a breakdown of everyday memory functioning. (Although a decline was shown, a decline does not necessarily mean a deficit: Researcher's

remarks). The study was a laboratory testing in everyday memory tasks functioning and demonstrated a lowered retrieval rate. Things such as the names of vague acquaintances and mistakes in routine actions (i.e., forgetting where an object was placed), did show up. Neither long-term memory nor processing proficiency were addressed. A notable limitation for the elderly was that the tasks used were set up to maximize age differences. The results of the study were not significant with regard to reminiscence; however, it did identify some of the research being done and the limitations present, as well as the need for more work to be undertaken (Verhaeghen, Marcoen & Goossens, 1993).

Given the background on memory, both in research and in the known habits of the elderly, as well as in the perception of the public, it is essential to look at research on reminiscence, itself. Jeffrey Dean Webster presented a paper at the Canadian Psychological Association Convention in 1992 on Predictors of Reminiscence: A Lifespan Perspective (as cited in The Canadian Journal of Aging, 13[1], 1994). He identified the increase in the number of articles on reminiscing in the elderly, and outlined a brief history.

Two areas he saw as neglected were personality mediators and the potential impact of developmental factors on reminiscence behaviour. The focus of his work was on

personality and age differences in four dimensions of reminiscence behaviour (frequency, temporal, affect and meaning). Extraversion, neuroticism and openness were used as variables in predicting the four dimensions of behaviour. Reminiscence was assessed by an eight-item questionnaire. Volunteer subjects (18-84 years) were from a seniors' centre, a community college and an adult and aging class from a university. An age range of both sexes was represented in 94 subjects. Reminiscence was assessed using two correlations. Specifically, there is an inverse relationship between the personality domain of neuroticism and the reminiscence dimension. The higher the neuroticism the more negative are the emotions experienced when reminiscing. There is a positive co-relation between the personality domain of openness and the reminiscence dimension of meaning. That is, persons who were more open reminisced about more philosophical matters (Webster, 1994).

A series of step-wise regression equations using sex, age, and the three personality domains given as predictor variables on each of the four reminiscence dimensions, measured the results. Findings showed more frequent reminiscence with females and those who were more open. Older adults and those who were more neurotic recalled more remote memories. Those with higher neurotic scores experienced more negative emotions. Both openness and

neuroticism influence reminiscing on philosophical matters (Webster, 1994).

In this work on age and personality the findings showed reminiscence as part of the normative process over the lifespan; however, older participants did retrieve older memories. A limitation of the study was the reliability of the reminiscence dimension due to the questions asked and the low percentage of elderly in the sample in that subjects were comprised of equal numbers of age and sex. As well as the cross-sectional sample, the question asked was: "If reminiscence can no longer be properly construed as the exclusive province of elderly, what theoretical and practical implications does such an insight engender?" (Webster, 1992, p. 8, as cited in *The Canadian Journal of Aging*, 13[1], 66-78). To paraphrase the paragraph: What is the goal of memory retrieval? Is there a unique quality to reminiscence at different developmental milestones? The work provides foundation, emphasis and need for the focus of the study herein. Sex and personality were predictors of reminiscence, but age did not predict any frequency, content or emotional tone in reminiscing.

Loss

The literature on loss introduced significant losses of a non-death loss nature. In 1991, Doris Grinspun, a Canadian nurse, completed research on trauma and loss, in the Master of Nursing program, University of Michigan. The topic of "Trauma And Spousal Coping With Post Traumatic Head Injury Victims" is an example of adjustment to loss related to coping. Family members' adaption to, and their coping with, the head injury of a family member was investigated using the Roy model in Nursing Theory. The significance for nursing, while considerable, is not relevant, or discussed in relation to the topic herein. The major weakness of the study was its inability to reveal causal relationships due to the non-experimental method and the tool of investigation having been only partially reliability and validity tested.

However, testing was carried out on (n=40) brain injured spousal respondents with a wide range of income and educational levels. The majority of the spouses lived with the victims.

Descriptive statistics for the main variables of medical, behavioural, social and cognitive items were used in a statistical analysis. Correlation by Pearson correlation analysis of variables and regression analysis was done. The study supported previous literature on post-

traumatic adaptation of spouses in 85% of the sample. Subjects scored below 5 on the adaptation sub-scale indicating their functioning to be lower than prior to the spousal injury. An unexpected and interesting result was that, in six cases the subjects showed a higher coping level than prior to the spousal injury (Grinspun, 1991). In the final analysis further research is required.

The study showed that higher levels of behavioural deficits are related to lower levels of spousal adaptation. Overall, the standard deviation of all the items was high, meaning there was a large variance among the individual spouses in regards to what helped them to adapt. This reinforces the individuality of the needs of spouses. Results also showed three categories high in needs for all respondents were social, emotional, and the need for information about the loved ones. There was also a need for peer support and assistance in problem solving. The prior clinical experience of the researcher with education and support groups was that they provide information and are effective in assisting family members to cope with their new situation. The author states that, "in terms of clinical practice, these are useful results" (Grinspun, 1991, pp. 69-71).

Both author Grinspun's prior clinical experience and the study results supported the purpose of support groups

and the sharing of information as coping mechanisms in non-death loss situations. These were positive findings in relation to the paper herein. The work, itself, strengthened prior research findings that "relatives often complain about lack of information (Rosenbaum & Najenson, 1976; Mauss-Clum & Ryan, 1981; Brooks, 1984; Livingston et. al., 1985), the burdens of stressful life changing illness, and the stress that unexpected events impose on spouses and families" (Grinspun, 1991 p. 70). The research was consistent with others in examining loss from events of a non-death loss nature.

An investigation by Michael D'Andrea (1992) measured personal loss from events related to life stress in illness, divorce, career change and loss of personal dreams in a group of 251 college students. Findings supported the multidimensional aspects and the individuality of the experience in a similar way to the results of the Grinspun work.

The literature on death and dying has considered loss and grieving in varying degrees with minimal reference to coping. Reminiscence has been discussed as a normative process. The following paper had specific emphasis on coping:

Gerald Euster, in 1991, reported on an investigation of memorial contributions as a form of giving emotional support

to the bereaved. This exploratory research found that memorials aid the survivors in working through the grief process. He looked at the type of memorial contribution requested by the next of kin on behalf of deceased elderly. Subjects were chosen from published obituaries over an eight-month period. Results showed the bereaved as obtaining comfort and support from memorial contributions, suggesting that expressions of sympathy are helpful in reducing grief and assist the bereaved by providing re-affirmation and emotional support.

In a two-stage analysis, from December, 1987-July, 1988, and September, 1988-February, 1989, the data reviewed was memorial contributions, frequencies, and percentages of designated contributions. Seven categories emerged with an overall 68% of contributions going to religious organizations. "Memorials provide the deceased survivors with a legitimate relationship with the deceased... to show expressions of concern, and serve a function of a social support network" (Euster, 1991, p. 176). Donations reflected the interests of the departed, showed gratitude in a meaningful form of recognition, and denoted the interests of the living. A living remembrance gives a sense of purpose and fulfillment in honouring a loved one. This research suggested memorial contributions provide a coping function for the bereaved in working through grief.

"Memorial gifts provide a mechanism for grief work" (Euster, 1991, p. 177).

Summary and Conclusion

In the preceding chapter, I reviewed some complex issues related to death, dying, loss and the impact of reminiscence in the pursuit of understanding, acceptance and coping for the self and others. Global and individual perspectives were critiqued from historical to recent works. Attitudes vary and numerous factors from religion to health, personality and lifestyle have impact and influence on the outcomes. Death and dying were reviewed in terms of models, theories and from the health/illness perspective. The need to consider methodology in relation to the question was identified. My overall focus was on reminiscence and it's relationship to coping.

With more people, and more people living longer, death is a major concern in the nineties. The implications of aging have become a personal concern of the individual and society. Working with the aged has become a growing area of interest and need. The creation of programs is important as the aging individual becomes more self-aware and more cognizant of the future. Further research is necessary to this end.

Of the three models I have outlined, the Kubler-Ross stages model is the most significant in the field of research and to the topic. The activity, continuity and disengagement theory all suggested the aging process as a time of slowing down and de-emphasizing of life for the older individual. Suicide has both wellness and illness aspects, with logical rational and irrational arguments for its value. Dying with dignity and euthanasia have become issues for further research and topics of general public discussion, with impact apparent at policy-making levels in the Federal Government. Finally, the arts and literature have continued to reflect society in whatever age. Overall, the concern and interest of the elderly and society in death and dying has been clearly demonstrated, regardless of the research or the method of investigation.

Reminiscence, once regarded as a sign of mental deterioration and meaningless ruminating has come to be seen as a relevant part of an individual's life review, contributing to self-esteem and well-being. Earlier researchers viewed reminiscing as part of the normal aging process. Later theorists saw it as preparation for dying and a legacy for survivors. Some studies showed the review of memories as beneficial while other works found the process ranged from interesting to simple nostalgia. Short-term, recent memories, are lost more quickly than long-term memories. The elderly, with a better recall of older

memories, enjoyed nostalgia in conversation and admitted to reminiscing about the past. The life review works supported reminiscing as reflections and stories to integrate the past, while the Kubler-Ross studies suggested review of the past assisted the individual to adjust to change, resolve conflict and accept death.

In the literature reviewed, all works gave some credence to reminiscence as providing a sense of continuity and confirmation of the uniqueness of the individual. In the final analysis, I identified the need for further research as necessary to investigate the relationship of reminiscence and coping.

Loss is relative to coping in much the same way as to the death and dying process, with the related coping phenomenon of greater or lesser magnitude according to the loss. The non-death loss research showed spousal coping as positive in relation to the care giver support and reassurance given. Life changing events, of whatever breadth and scope, were shown to impose stress on families and individuals. Support groups and the sharing of information functioned as a coping mechanism in non-death loss situations in the same way as in loss by death situations. Finally, memorials, more especially, religious memorials, were seen to provide a coping function for the grieving in both a psychological and an emotional sense.

In conclusion, research has increased over the years. It has continued to be the necessary format for studying human behaviour in the search for verifiable descriptions of perceived realities which link the past to the present in preparation for the future. For study purposes, behaviour is conceptualized and activities documented and understood as experiences. In the past, theories and models have provided, and they continue to provide, a process whereby some determinants of human differences and similarities give a consensus of opinion rather than a grouping of impressions. Whereas society has considered reminiscing a habit of the elderly, the theorists regarded talking about the past as a normal part of aging. It was shown as a behavioural process, with life review playing a role in the progression to death. Although I found the purpose of reminiscing was left unclear in the literature reviewed, there was an implicit reality of the practice as a coping mechanism.

Differentiations and consequences have continually developed as theories within which further research was done, comparisons and extrapolations made; thus the potential and the need for more work was one of the results in the greater percentage of the works reviewed. The majority of research was done by the objective investigation of professionals and researchers, with information acquired, analyzed and conclusions set down in a theoretical

perspective. The general public operates within a system of perceptions and assumptions, with the result that interest has been demonstrated at policy making levels in Government. Subjective experiences have not been well researched and documented, however. In short, the literature I reviewed suggested that previous research provided a sound base and highlighted the need for further investigation into the purpose of reminiscing. Investigation needs to be done into the place of reminiscing and the relationship of coping in loss and death, from the subjective perspective. This is important, given that dying is a part of everybody's life experiences.

CHAPTER THREE: METHODOLOGY AND PROCEDURES

Method, Sample Selection and Setting

Phenomenology is a form of interpretative inquiry that has as its focus human perceptions. It is descriptive and makes story telling explicit. Story telling is pertinent to the investigation of interviews. This was a key part of my study. The phenomenological inquiry focuses on human perceptions and lived experiences. There are multiple ways of interpreting an experience to make sense or to give explicit meanings and to unlock the universal meaning hidden within experiences. Phenomenology is thus concerned with the relations that exist between people and the world around them. "People's understanding of various phenomena, concepts and principles can be understood in a limited number of different ways" (Marton, 1988, p. 31). The story telling is the phenomenology and the inquiry is the narrative. In this study the subjects told me their stories and I wrote the narrative. The narrative is in two parts, the story discourse and the use of metaphors in describing the stories and the findings.

Firstly, I obtained permission to do research in a 215 bed combined retirement/nursing home in downtown Toronto. This was granted by the signing of a consensual agreement with the administrator (Appendix A). This allowed me to meet with the residents and, with their agreement, select

ten volunteer subjects, who participated in the investigation. All were over the age of 65, diverse in nature and represented a wide variety of backgrounds. Selection was made by the randomized selection from a sample of convenience. An initial questionnaire (Appendix B) identified the subjects studied.

Subjects were made aware of the study by my presentation (Appendix D) and request for volunteer subjects at a monthly residents' council meeting. Those interested completed questionnaires (Appendix B) indicating their interest by leaving a name or number to be contacted. I made a follow up call within two to three weeks and set up a meeting. The pilot study (Appendix G), on a qualifying subject, was done prior to the full-scale investigation. The interested subjects were told of this plan of action to give them an understanding of the time lapse between the initial presentation and the interview process. Of those completing the initial questionnaire, 15 were selected as appropriate for the study. Ten others approached me in the following two-week time frame and the resident council chairperson suggested five others which gave the total number of 30.

Thirty questionnaires were completed in all. I selected the final group for the study by a random drawing of numbers to give an equal mix of five male and five female subjects. All information on non-qualifying individuals was

destroyed. Information on each subject studied was collected from the questionnaire and a demographic background written. Following the pilot study I made the decision to address the subjects by names for ease of reference. Biblical names were chosen as respectful while maintaining confidentiality and having no known relationship to the subjects. A brief demographic sketch of each subject follows.

Subject One: Joseph, aged 68, was a British born immigrant, with one sibling living in the United States and one child living within an hour's commuting distance. He had sustained a death in the family within the past 1-3 months (pilot study, Appendix G).

Subject Two: Samson aged 68, was Canadian born and single. He has no known family.

Subject Three: Mary, aged 97, was a Canadian born only child. She has one son with whom she has regular contact and distant cousins who call infrequently.

Subject Four: Teresa, aged 84, was Canadian born, of Anglo-Saxon heritage, and has been a widow for over 20 years. She was an only child and has two children who call or visit on a regular monthly basis.

Subject Five: James, Canadian born of British ancestry, was an only child of 66 with one married child, whom he sees infrequently.

Subject Six: Thomas, aged 66, had been separated from his partner, now deceased, for a number of years. He has infrequent contact with his three grown children.

Subject Seven: David, aged 87, was British born and lives with his wife of 50 plus years. He has weekly visits with his one married child and infrequent contact with his two siblings.

Subject Eight: Elizabeth, aged 81, was a third generation Canadian. She has been a widow for 15 years. Her one sibling lives beyond reasonable commuting distance and they have irregular phone contact.

Subject Nine: Ruth, aged 87, was British born and has been in Canada for the past ten years. She lives with her husband of many years. They have one child who lives nearby and calls daily. Ruth has two siblings in the country of her birth.

Subject Ten: Martha, a third generation Canadian, aged 92, had no children and has been a widow for many years. Her next of kin are distant cousins with whom she has little contact.

Data Collection

The process of inquiry was by individually audio-taped interviews, within a five-month time frame, between August 8, 1994 and January 15, 1995. The interviews took place in the bed-sitting room of each subject. The process involved a primary taped interview followed by a second taped interview 4-8 weeks later. The third method of data collection was a chart review independent of the subjects' presence. I completed this process in the privacy of the unit office.

At the beginning of each first interview I re-affirmed the purpose of the study and the importance of the subject's participation, giving re-assurance about the freedom to withdraw at any time. In that event I explained that all materials would be destroyed immediately and at the completion of the work all written materials would be shredded and all tapes erased. Anonymity and confidentiality were re-affirmed by the review and signing of the consent (Appendix C). Each subject read, or I read to him/her, the consent release form, which was then signed by the subject and myself. Following this procedure, I began the investigative process.

A brief statement and a closed question (Appendix D) placed the focus on the topic. The subject began his or her story. The interview lasted from 45 - 90 minutes, depending

on the subject, as per the design set down. The original design of a 30 - 60 minute interview was changed to 45 - 90 minutes following the pilot study when I found that the elderly required more time to converse, with long conversational pauses during reflections, as well as the listening time necessary for emotional needs and to allow them to share their stories and feel good about it themselves.

Each subject told his or her story. At the end of the taping session, the tape recorder was turned off. I spent a further five to ten minutes de-briefing and terminating the session. The subjects were asked to comment on the experience and how they felt about it. A date was then set for the second interview. This progressive closure provided a relaxed emotional climate, facilitated closure and my exiting. I recorded brief field notes which served as additional data. These, together with the questionnaire information, were used to develop the profiles of each subject as shown in chapter four.

The second interview was held four to eight weeks later. No introduction was necessary. Subjects were generally pleased to see me and wanted to talk. Initially, I asked if they had any questions and these were addressed before the interview began. The recorder was then activated and I reviewed the previous interview notes with the subject. The format of the first interview was followed,

allowing the subject to confirm, deny or change the statements and/or the stories given in the first interview. This provided an opportunity for the subjects to review their stories, to validate and verify the reality for them, as well as being reference checks whereby meaning could be negotiated. I transcribed all interview tapes in full. "All data must be coded or the emerging theory will not fit the data and explain behavioural variations" (Sherman & Webb, 1988, p. 134).

The third part of the data collection was the chart review which I completed following the first and the second interview. A chart is an on-going diarized data file which contains recorded information about individuals who are clients of an establishment that is governed by specific policies (i.e., bank, legal firm or health care centre). This chart is maintained by the professionals working in such an establishment, as defined in the definitions section, herein (p. 8). I reviewed the recorded notes in the chart of each subject and analyzed the content using the same method as for the content and meaning of themes in the taped interview reports. I used the same language to write the interview tape reports and the chart review notes. All three were coded to a randomly assigned number of (1-10) and names were deleted following the review of the questionnaires and the recording of the information. In

this way the personal stories of the subjects were prepared for comparison with the notes recorded about them.

Data Analysis

Data analysis was done by reviewing the collected members' stories to get the information on themes which I then analyzed for the content and meaning of the life stories in relation to the topic and the emerging themes.

The four pre-set themes were identified according to the literature as loss (including death and dying), reminiscence, acceptance and coping (which evolved from hope). Additionally, repeated patterns were coded. From these arose the emerging themes.

The recommended techniques of triangulation by data sources, methods and theoretical schemes, reflexivity (P. Lather, 1986), and member checks, per Guba, (1981) as cited by Lather, were utilized. "With no ready made formula to guarantee social knowledge, we must operate simultaneously at epistemological, theoretical and empirical levels with self-awareness" (Lather, 1986, p.66). I measured the themes in a numerical process (J. Peter Rothe, 1993) by looking at the number of times the word or theme with the same meaning appeared in a subject's story. I analyzed the pre-set and the emerging themes by story analysis for content and

meanings, and the themes were categorized and sub-categorized (Van Manen, 1990).

Theory building is a part of qualitative studies and a part of social norms. Social norms, such as habits, themes, or deviance are identified in sociology and provide methods for grouping in data collection. The Theorists, Maslow, in needs, Erikson, in ego development, and Butler, in the life review, were compared and related to the Kubler-Ross theory on Death and Dying.

Triangulation in methodology was three-fold in the two interviews and a chart review, following an initial questionnaire to identify the volunteer subjects studied. Triangulation in theory was by the analysis, comparison and application of the theorists' work, herein described in the literature review. These related to the investigation in the analysis of themes, content and meaning of the subjects' stories. The stories were the reflections and re-telling of life stories as described by Connelly and Clandinin (1988), and Van Manen (1990).

The quantitative numerical values in the number of statements and words with a given meaning were per J. Peter Rothe (1993). I coded, categorized and counted the words and themes writing in the margins using qualitative story analysis. The emerging themes and new information were identified by the repeated patterns and repeated themes in the content analysis. A quantitative approach usually

refers to the "characteristics" of communication, the "content," "causes" and "consequences" of content (Rothe citing Berelson (1951): "Content is more than the obvious. It also reflects the cultural and social identity of individuals. To analyze these features, the study becomes qualitative" (Rothe, 1993, p. 101) (Sherman & Webb 1988, p. 134). To verify content and meanings, I re-read themes or entire scripts from the first interview back to each subject, rather than re-storying for verification. The data were reviewed and analyzed by "numerical values, a quantitative factor used in qualitative work" (Rothe, 1993, p. 101), in looking at the specified areas of loss, death, reminiscing and coping.

The search for additional themes was identified. The themes were analyzed for emerging themes and new information. I used story analysis (Van Manen, 1990) to determine the meaning which had been verified by each subject in the second interview review process. I wrote the results from the researcher observer perspective of reporting a process with validation by the subject in an interview review process. The information was then compared with the recorded notes from the chart review. Validation and verification were thus self-referenced and other reference checked.

Reflexivity was established and maintained by my awareness and vigilance in following the procedure while maintaining a non-biased and professional (C.N.A., 1994) attitude. "Relevance is dependent on the researchers" theoretical sensitivity (Sherman & Webb, 1988, p. 138) and this includes a neutral approach.

CHAPTER FOUR: FINDINGS

The findings were set down following the analysis of data. I examined each subject's story to find the inner focus and locate the patterns and themes which showed the subject's understanding and "to find the thematic foundation, to unearth something meaningful in the various accounts" (Van Manen, 1990, p. 86). Thus, in developing conclusions and writing a report, the reflective praxis and the thoughtful action of a researcher begins.

Following the pilot study on the pre-determined themes of loss (death and dying), reminiscing, acceptance and hope/coping, I found that a considerable number of additional themes had emerged. I made a decision to investigate these emerging themes and added story analysis (Van Manen, 1990) to the methodology. The process has been described in chapter three.

I analyzed each subject's story with the same attention to detail as in the pilot study (Appendix G). All themes were categorized, sub-categorized and examined using this method. All results were reported. The reports were condensed with the results given in individual (Appendix H) and overall percentage values in the reference section (Appendix I). Each theme was qualified by examples from the stories and quantified in numerical values per Rothe (1993). The story analysis has been outlined in the following paragraphs.

To make the subjects more meaningful, and to bring them "alive" for the reader, I have developed personal profiles, fleshing them out and presenting them in analogies to the assigned Biblical names. Metaphor was used in describing the subjects and their life stories. The pilot study was re-examined and I have included the results in the individual and the overall findings. This re-examination, with the development of emerging themes changed the numerical values given in the pilot study. However, the descending order of values remained. This supported the findings, and verified the method in that a re-examination gave the same overall results. An example was the in-depth analysis of loss which showed despair within the loss. These results have the same context in meaning.

Profile Analysis

The subtitled profiles described the subjects. Each profile included significant points from that individual's analysis. Different aspects have been drawn out in an individual's profile to highlight a theme, or pattern, significant to that individual and to show how each and all were investigated.

Joseph

Joseph was of Anglo Saxon origin. He had immigrated to Canada following the Second World War, married a fellow immigrant and later separated from her. Her recent death, during the research, was a significant emotional loss for him and added to the pain of his reminiscing. His story told of a voyage in his personal and professional life and of his climb up the ladder in a chosen career. He reflected on the unexpected pitfalls along the way.

Joseph's story is one of coping, using his experiences, his belief, and his traditional values as guideposts. The impact of loss was paramount in his life. His choosing to remember only the good things was the chorus in a song of sorrow. His story showed him to be using reminiscence as a coping mechanism. In the numerical analysis (Appendix H) his highest value was in reminiscing at 31.9% followed by loss at 21.1%. He admitted to coping by choosing what to remember. By creating a selected view of his life he could cope with the day-to-day process of living in the face of his unresolved emotional conflict shown in his stories.

Jacob's son, Joseph, centuries ago wore a coat of many colours, a gift of love from his father for protection. So too, did this Joseph wear a coat of many colours. In a pictorial metaphor: Joseph's coat of many colours, was sewn with the black thread of loss, the lining a silken swath of

memory bound by a cord of acceptance. It was interfaced with despair and buttoned with hope in a picture of his life: A masterpiece.

Samson

Samson was a single gentleman, born in Canada, of English ancestry. He had no known relatives. He has been an admitted loner all his life and was in his sixties at the time of the interview. He talked about growing up, fatherless, from the age of two. He was orphaned when scarcely into his teens and spoke of his early years as "growing up on the streets". A talented athlete, he was injured at 19 and a chosen career was denied him.

The physical loss became a lifelong disability, impacting on all areas of his life. His reminiscing described a modern day Samson, waiting for "the" Delilah, lost to him, he believed, through a weakness, not of his own choosing. Only his memories could restore that sense of self-worth which made him whole again. His physical loss, like the Biblical Samson's hair, made for him a life of searching. He described himself as running, forever running, "I'd just move on" (file, p. 4). An inner strength carried him through a life of hard work in the private and the public arena, alone.

The numerical analysis of themes and the patterns within the themes showed Samson with results (Appendix H) of

loss at (17.2%), reminiscing at (19.8%), hope/cope at (6.4%), and acceptance at (10%). Love was shown at (2.6%), hope/anticipation at (2.1%), with despair showing (17.2%) and belief at (23.6%). In terms of simple arithmetic values, this showed a high percentage of reminiscing and a high degree of loss, within which was an equally high component of despair. Combined, these similar concepts indicate a high degree of loss in his recollections of the past. The highest percentage value in the analysis was belief, which showed that his coping and reminiscing was based on an underlying belief or value system. For Samson, the compiled figures showed that belief/values were the primary factor in how he coped, reminisced and managed his life. The qualitative story analysis supported the quantitative analysis in the existence of a belief system as the foundation of his coping and reminiscing.

Mary

Mary was born in Canada to Canadian parents of English background. A child of the nineteenth century, she is a Victorian lady of yesteryear, a rocking chair cameo of motherhood. During the interviews, she sat in her rocker and talked about the past 100 years. She described her friends as "all dead". The only living member of a family of three, her extended family, are distant cousins who visit sporadically. She spends much of her time alone. Her

husband has been dead for many years and their only child, a son, has now retired and shares his time between two countries. She described loving him, above all else. Like Mary of Galilee, in the original picture of motherhood, she gave her all for her son. In her own words, in "letting her son go out on his own, to do what he must, with his life," she chose to "get on with her own" (file, p. 4). She travelled to forget, to put aside her concerns and, later, took up writing to record her memories and forget self and son in writing for others. "Not a Biblical Christian," she said (file, p. 6), but in listening to the voice of her heart, she had cared for her parents and a dying family member with selfless devotion. "I did what I could, what I must" (file, p. 6). Reminiscing centred on her son, what he had done for the public, and for the country, in his work, and how his life had influenced her own. In giving her son the present of permission, she gave him, and herself, the gift of freedom.

Mary was shown to have a high percentage of reminiscing in her conversation. In the numerical analysis (Appendix H), Mary showed a reminiscing content of 36.7% in her stories. Loss was secondary, followed by belief. Belief was shown as supporting all the other themes with coping as a part of the process in how she managed her day-to-day living and/or described the past via her memories. Her

degree of hope (anticipation) was low at 2.8% with despair at 5.3% which indicated a low degree of planning and thought for the future. This was supported in the analysis of the content of her stories which suggested she copes by living in the present and talking about the past. This was identified by her own admission "I keep busy" (file, p. 10), and in the chart review, "She keeps busy writing her memories" (chart file, p. 2).

Teresa

Teresa was an only child, Canadian born of Anglo Saxon parents, and educated in the social service area. She has been widowed for over ten years and has two grown children. "They're grown and both married: Twice," she said. "They got it right the second time" (file, p. 2). In conversational sharing she gave unrehearsed glimpses and intimate snapshots of the past. Softly, quietly, her memories told a story of love and joy in serving others across a lifetime. A modern Mother Teresa of the '90s, she still visits the sick and comforts the lonely with no thought of recompense. Behind the scenes she lends support with charity and love. No religious reasoning was put forth. Her joyous word pictures of a life of service lived, bespoke: "Do unto others." She did, and did it abundantly.

Her reminiscing showed a belief system, not so much in spiritual values, but as a way of life. The story analysis

showed her as having consistent traditional practices revolving around the conventional marriage and family values of a society of the early twentieth century. These have continued within the confines of a retirement home in the late twentieth century.

James

James, in his late sixties at the time of the interview, was Canadian born of English and Scottish parents. He was one of two children. He has irregular contact with his one sibling. His one married child does not live in the city. They maintain contact and visit sporadically. James' reminiscing provided peaks into a memory file which showed a careful and caring life. University educated, with advanced degrees in different areas, he described himself as well educated, and alone. He had sought a structured setting to enjoy his retirement years with physical support, the availability of medical attendance and psychological freedom. Happily, he found it all. "Where else would I go?" he asked (file, p. 6). He makes daily visits out for tea and chats with a few friends and acquaintances.

James' memories described a painful voyage across uncharted chasms in relationships, with the loss of family members, sorrow and despair. His personal work and perseverance guided him in finding his own solutions. Like

James of the Bible, giving counsel, he is a twentieth century James, doing what is right, quietly going about his business developing self and promoting others. Concerned with behaviour, he offers encouragement, demonstrating action with words of support. "Be patient and be brave" (Peter 1 & 2, The Bible), described the James of old and the James of now. In another time, finding himself persecuted, suffering keen disappointment, he made his choice and carried on. These are James' memories from the time of a scholarship education to his move to a retirement home.

James showed a high degree of reminiscing in the numerical analysis (Appendix H) with loss at 26% and despair competing for second place. A belief system was shown to be the foundation in his managing the process of living, in coping with loss and despair, with hope as coping and/or planning for the future. Both love and despair were a part of his coping process in the percentage values shown. He described it thus: "I don't agree sometimes and I do agree sometimes, but everybody should get a chance to spit in the ocean. Sometimes, I think they just spit in the soup" (file p. 6).

Thomas

Thomas, a Canadian of British heritage, was a widower in his late sixties. He has been single for a number of years. His one sibling lives in central Ontario and they

contact one another on special occasions. Two of his three grown children live nearby and visit him at irregular intervals. He described weekly visits from a close friend who takes him out and about the city. He socializes and communicates freely with a number of acquaintances. He presented a polished surface which hid some fears and shielded doubts. But, as with Thomas in that locked upper room, God allows honest doubt and he respects and allows the doubter to grow.

Thomas described a lifetime of growth. In reminiscing, he shared some descriptive and intimate details of his life of coping. An olive tree in the garden of Gethesame, pushing through the flowers and the grasses to ripen in the sunlight of success, to bask in the soft air of spring, he grew. A young man providing for his family, a job, a home, and financial freedom, he grew, he gave. The kaleidoscope of the garden surrounded him and framed his magnificence as he provided for his mother and shouldered responsibilities.

The revolving screen of memory turned. He described the turmoil of relationships and raising children to be strong and self-sufficient. Alone, he became aware of a negative medical diagnosis. His physical deterioration has led to increased distress and anger. Doubts and concerns have again surfaced. Physical and emotional distancing have perhaps exacerbated the disease process. He expressed suffering in his reminiscing, but he showed an inner core of

acceptance and coping. Honest doubt promoted growth. The vision in that locked upper room alleviated Thomas' doubts in 33 A.D., and he grew. Another Thomas, in his interviews, told of a vision, and he, too, has grown.

The results of the numerical analysis (Appendix H) showed Thomas with a belief system of 30.8% followed by reminiscing at 20.2% which showed a coping process based on a foundation of values or beliefs. The values were reflected by the findings of loss at 6.6% and despair at 18.7%. These similar themes could be combined to give a total of 25.3% which compared with the chart review in indicating a high degree of despair, as well as indicating the progression of his disease process. This analysis was also relative to and supported the stages model in the Kubler-Ross Death and Dying theory. The process was shown as being in transition between Stages Three and Four, with some shifting down to Two and up to Five. This demonstrates fluctuation between denial, negotiation and acceptance. The findings also showed a clear picture of Maslow's fifth stage in the hierarchy of needs and the eighth stage of Erikson in ego development (Appendix F). Butler's life review theory was not clearly demonstrated, beyond the interview process of reminiscing.

David

David, nearing his ninth decade, was one of seven children born in England, to British parents. His two

living siblings are a continent away and there have been no visits and little contact in the past ten years. David lives with his wife of over 50 years and receives weekly visits from a married child who lives nearby. Having no long-time friends in the area, the family are his support system. His reminiscing showed a belief in fate founded in Christianity. He described himself as something of a visionary and described, what he called, "ESP" and "NDE" experiences. He talked about a great deal of change having taken place over his lifetime. The war had considerable impact on his life and his stories depicted scenes from industry in a war torn country. He described garden bomb shelters and bomb balloons of death, how he had worked through it all with the gallant support of his wife. His voice and the memories spoke of joy in his chosen work, the progress made in that industry, overall, and of his personal career climb which culminated in his retirement and move to Canada.

Compassionate and caring, he had always helped his "fellows" as best he could. One is reminded of that other David, when called upon to do his duty, he did it. Putting on his armour and looking across the valley to Saul, shouting "Get out of the way", with inner strength and commitment: "To never surrender" (The Bible). Just so, did this David say in telling me his memories: "I put my shirt

on backwards and I went up and spoke to the old ladies" (file, p. 1). The analysis of his stories showed a high degree of reminiscing, followed by a belief system.

A strong work ethic was identified. Practised Christianity, regular church attendance and fate were all given credence in his reflections. A number of values/beliefs were operative in his coping and reminiscing. Truly, Saul, coming to the twentieth century, would have had a strong contender, had he looked across the valley at this modern David.

Elizabeth

Elizabeth, in her eighties, was born to third generation Canadian parents, of British heritage. Her one sibling, who lived in an Eastern Ontario city and a number of distant relatives made up her family. One relative, who "has been unwell for years," lives in the city and they have irregular phone contact. Elizabeth had one parent die when she was in her early teens and she believes this had a marked effect on her life. Her story supported this belief and described her reactions and how she coped with that loss in the decades which followed it.

Like her namesake of the early Christian era, Elizabeth was found to be long suffering and caring. As Elizabeth of old gave support to her friend Mary, an unwed pregnant girl in a society which ostracized women of such behaviour, and

with a husband struck dumb for the duration of the pregnancy, Elizabeth still cared for and supported her cousin, her friend. She lived her belief. In just such a manner did the Elizabeth of now, carry out her duties and live her beliefs as she described and shared her memories. "Its fate. You do what you have to" (file, p. 4).

Long suffering and caring at a young age in her early teens, she helped support her remaining parent and one sibling in a time when women worked primarily in the home, and men were seen as the bread winners. A child-woman, she quietly did her duty. Time passed; supportive and uncomplaining, her husband became her help-mate. "We didn't get married until we had a house where mother could be with us" (file, p. 4). Smiling, she said, "Its fate. It's Karma. Things happen" (file, p. 6).

Interestingly, in the numerical analysis (Appendix H) Elizabeth had her highest percentage as belief at 29.9% closely followed by reminiscing at 26.4 percent. The story analysis, "you do what you have to" (subject file p. 4) was supported by the numerical values (Appendix H).

Ruth

Ruth, aged 87, lives with her husband of over five decades. She has two siblings with whom she has frequent written communication. She has close emotional ties with all of her extended family. Ruth's memories described a

life of moving, of love and loss. Her greatest joy was her love of children, her home and family. The Book of Ruth in the Bible describes family relationships in another time, another place. Naomi's tears of love, in response to Ruth saying: "Whither thou goest, I will go... ." (The Bible), are a mist in the face of this modern Ruth's raindrops of love and thanks, when she hears a joyous familiar voice, an acquired family member, shouting across a busy downtown city street, to her: "Hi Mom! Hi Mom! Yes, I am recompensed," she said (file, p. 13). She described the story just as it is written: "And there will I be buried" (The Bible).

Martha

Martha, who lives alone has nearly a century of living years to her history. She has been a hard worker all her life. Like that other Martha preparing for guests, angered by a sister whose attention was centred on the guest of honour and giving no assistance in the meal preparation and who spoke her mind as she carried on with her labour, Martha herein, is no different. She likewise worked in the background of the family, making preparations, speaking out as she felt necessary to "fix" things.

An autocrat, she described her father, and felt she had inherited the trait. She was a teacher with a love of learning and related years of involvement and a sincere dedication to the nuts and bolts of living. She told of

teaching at a university during the day, cleaning the classrooms in the evenings and doing the yard work on weekends in a time when there was no money for help. This was during the depression of 1929 when the whole country was in economic despair. She remembered loving it all. Some people work from the knees up and some people work from the knees down. Martha worked from two directions as she prepared the students for life in the same way that Martha, of the Bible, prepared dinner for the Guest of honour. As someone aptly put it, "character is what you are when no one is looking" (source unknown). Martha was character then, and she is character now.

The numerical analysis showed Martha to have belief as a part of her coping and reminiscing at the level of 16% (Appendix H). The story analysis showed her belief as founded in Judeo-Christian practices. She included the place of science within that belief. A strong belief in spirituality was demonstrated. The hidden and overt statements verified the belief. "I saw her body get tired and worn, and I knew that her spirit must leave it, that merging lies in the Grace of God, that sustains us through every kind of experience. But I also knew that her spirit is very much alive" (file, p. 11). In numerical analysis Martha was found to have her highest percentage given in reminiscing, followed by hope. Given that hope emerged as a

coping mechanism, these results suggest that, for her, the overall function of reminiscing was a coping phenomenon.

Numerical Data Analysis and Story Analysis

"Phenomenology is the study of essences," says Van Manen, quoting Merleau-Ponty (Van Manen, 1990, p. 39). This means that the study describes a phenomenon. Stories are interpreted and reveal the significance of experiences for the individuals in a new way, describing the universal relationships within the context such that the description becomes both individual and universal. They can thus apply to one and all. It was in this context that I investigated and analyzed the interview stories. The method involved the textual practice of reflective writing. Van Manen outlined the concept of reflective writing as follows: "It is the phenomenological and hermeneutical study of human existence: phenomenology because it is the descriptive study of lived experience (phenomena) in the attempt to enrich lived experience by mining its meaning; hermeneutics because it is the interpretative study of the expressions and objections (texts) of lived experience in the attempt to determine the meaning embodied in them" (Van Manen, 1990, p. 38).

To develop results, I analyzed the overall patterns and themes of reminiscing and found eight sub categories had

emerged. These have been described and given in the order of their emergence. They are loss, death and dying as a part of loss, hope/coping, acceptance and reminiscing, together with love, hope/anticipation, despair and belief.

The themes were quantified by the number of times references were made to a word or words with common meanings to the same theme or similar meaning to the word (i.e., loss as to left home or moved out, was considered to mean the same thing). These were counted and the results were given in percentages, individually (Appendix H) and overall (Appendix I). I investigated all data by story analysis and presented examples in the narrative format. The themes were culled from the underlying data provided and understood in terms of decoding memories. I have sub-categorized them into meaningful terms within the overall pattern and theme of reminiscing in the investigation of the coping phenomenon. The sub-categorization compressed the data into manageable material while retaining the meaning.

The reminiscing in a language of words, of silence and of tears, all gave testimony to loss, acceptance and coping. I found an overall pattern of hope and love, based on a belief system, which tied the happenings, the descriptions and the life scenes together, for each subject. For me, the undertones and the overtones, the downcast eyes and the looking into the unseen distance gave meaning to the stories and supported the interpretations.

The results have been given in the sub-categories of the pre-determined themes, followed by the emerging themes. Eight sub-categories were identified. Death and dying were collapsed into the sub-category of loss; hope emerged, as a coping or adjusting phenomenon, in the pre-determined themes and as anticipation/hope in the emerging themes. In the first analysis the topics were collapsed, as with loss, and the two qualities of hope became one sub-category of hope. The four emerging categories gave an overall inventory total of eight final categories identified as loss, reminiscing, acceptance and coping, followed by hope, love, despair and a belief system. Interestingly, and in retrospect, I found that the pre-set categorizations would have evolved without the pre-established categories outlined in the method. This could not have been known prior to the research.

The subjects described genuine stories of lives lived in time frames ranging from 66 to 97 years in individual lives. A total of 863 years was represented with an average age of 86.3. The subjects reviewed their lives as children, parents, friends, lovers, teachers, the cared for and the cared about in describing personal stories and human interactions. Sometimes voices were filled with regret, while at others they reverberated with love. Both gave rise to tears, in that weeping occurred at some point, during all of the primary interviews. At times loss and bewilderment were paramount, but coping and acceptance were demonstrated

conclusively in the overall conversational descriptions. A basic belief system was shown to be the foundation of the coping phenomenon in fully 100% of the cases. In one case the belief fluctuated and was unclear, leaving a clear 90% with a strong belief.

Despair had its roots in the belief system and was shown markedly in 30% of the cases. Hope was also based on belief and was shown at a significantly high level in 80% of the cases. Perhaps hope itself is a factor in getting on with life and by agreeing to do a study. It infers some desire to either help the researcher, help others and/or help oneself. Reminiscence gives meaning and value to life experiences in that there is a recalling of the past, on a daily and a minute-to-minute basis, as one goes about daily life, whether talking, teaching, working or merely thinking. In the same sense that a researcher writes from a background of education and experience, a subject reminisces by recalling and/or reflecting on the past. Thus, to-day sits on the foundation of yesterday, providing a stepping stone to tomorrow.

Specific examples from the story files of the subjects describe the themes and patterns identified. I have discussed each sub-category under the appropriate heading.

Reminiscing

Mary - In describing her father: "I should have loved Father more, I can't remember even hugging him, yet he loved me more than anything. I was Daddy's little girl" (tears) (file, p. 1)

James - "I had a good life. The marriage broke after... . She was 18 years old" (pause and thinking) (file, p. 3).

Joseph - "I remember hearing the garbage trucks at five o'clock in the morning. We had stayed up all night cleaning up. It was so funny" (laughter with tears) (file, p. 16).

Samson - "I grew up on my own. I lived on the streets. Father died when I was two" (file, p. 1).

David - "It's strange. This happened when I was injured and in hospital during the war. I couldn't ruin the old ladies' Christmas. So I put my shirt on backwards and went up and spoke to the old ladies. God ordained me for a time" (file, p. 1).

Ruth - "I knew I had to go with someone who wanted to go. There is no good going with someone who has been pushed. If things go wrong you have to share in the responsibility" (file, p. 8).

Thomas - "I wonder if people wandering through life are cognizant of the fact that they have an influence on people to such a degree as they do. I was at the time, just a kid,

kind of a cast out... . I was 14 when he came back from war" (file, p. 8).

Teresa - "I was there, but not there" (file p. 3).

Elizabeth - "We'd go to Vegas. I remember, one time, it was two o'clock in the afternoon. We came back and he was still in bed" (File, p. 6).

Martha - "I was so naive. The kids of today are so knowledgeable. Too much, they have. Language is everything. About menstruation, (smiling) somebody asked me how I was told, I remember. Mother told me I must not ride my bike. I must be very clean. I must not go swimming. Well! (thinking pause)" (file, p. 4).

James - "My problem was to make sure she had enough money. Happy! That's not my problem (smiling)" (File p. 4).

Acceptance

Acceptance is defined by Webster's (The New Webster Dictionary and Thesaurus, 1992) as consenting to take something. I did not find it to be elaborated on overtly in the interviews. Acceptance in relationship to loss was considered as the refusal to dwell on negative experiences.

It was demonstrated herein as a working through process and plateauing at a comfort level. The following are examples of acceptance:

Mary - "He has step-children. He seems settled" (file, p. 10).

Samson - "It was the depression and a lot of people were out of work. I'd grab a freight and move on. There were 80,000 of us riding the rails in the depression. The government did a study" (file, p. 4).

Elizabeth - "It's fate. It's Karma. Things happen... . No. I don't blame her... . We're all grown now, what does it matter? It's a long time ago" (file, p. 6).

David - "You can't change things, you have to get on with life" (file, p. 8).

Ruth - "So, I bring the world back to him" (file, p. 9).

James - "She died of a heart attack, didn't know the pain: I count my blessings. She had 18 years of a happy life" (file, p. 5).

Thomas - "I'm not afraid to die. I've lived a pretty satisfying and complete life... . The kids are pretty self-sufficient. I've worked a good life and I'm happy to have had that life. I wouldn't have done things any differently" (file, p. 8).

Teresa - "The doctor said he would never have recovered and been right. So, I think it is better that he died" (file, p. 3).

Martha - "I think death is a part of life and your body wears out, just like a machine" (file p. 3).

Joseph - "I think for me, life has been an experience and I remember the good in it" (file p. 14).

Loss

Loss was interpreted as losing something or someone close to a person which stunts the emotional growth and impacts on the emotional security. Death or impending death are both a form of loss. Humans feel loss from the basis of having had, or belonged to something. Examples showed that a much loved material article gone forever may be mourned for a long time. A mother's expectations for her son, for example, or a child abandoned by his/her family and now grown, still showed the inner child experiencing that sense of something missing. The one half of a couple was shown to go on missing the absent partner, whatever factor may have caused the loss, be it death, divorce or an alternate factor. Feelings of ownership and later loss were shown in 100% of the stories and are exemplified in these excerpts.

Mary - (on the death of her husband) "People came and they wanted to know everything. They do that, you know! I told them, 'Please ask them not to call.' They likely thought I was strange, but I didn't care. It's isn't right for me" (file, p. 10).

Joseph - "When was the funeral? I knew she'd never want me to go" (file, p. 12).

Samson - "It's too late, now. Like I said, I should have gotten married. I should have married one of them, her! I moved on. I thought I'd go back. I never did" (file, p. 5).

Thomas - "I am upset. Christmas is a close time for us and an important family time of life. This year it has all the appearance of not being" (file, p. 3).

Elizabeth - "Mother died at 97 and was never ill. I was heartbroken" (file p. 4).

David - "It all started at Christmas. My sister died then. We did not celebrate Christmas for years without going to the graveyard" (file, pp. 2-3).

James - "The death, you don't expect that. It happened very suddenly" (file, p. 2).

Ruth - "I was standing on the boat and it receded into the distance. I knew I'd never be back" (file, p. 1).

Teresa - "How did I handle it? I tried to, (thinking) help" (file, p. 1).

Martha - "The light went out in our family when he was killed" (file, p. 11).

Emerging Themes

The emerging themes were hope as anticipation, a belief system, despair, and love. Love has been described as a giving up as necessary to the good of others (source unknown). It was called happy and unable to recall conflict, by Teresa, one of the subjects. Love infers the describing of experiences as positive and creating positive bonds. The "lived feelings of love describes relationships as feelings of connectedness" (Van Manen, 1990, p. 86). The following comments are examples of love:

Mary - "There was competition but we were always friends. We wanted each other to succeed" (file, p. 1).

Teresa - "We were just a group of us and we always had such fun. I can't remember, ever any trouble. I visit over on second floor. They need me there. I've always loved to visit" (file, p. 6).

Samson - "I loved boxing" (file, p. 3).

James - "We were great friends" (file p. 3).

Elizabeth - "I said I wouldn't get married unless mother came with us" (file p. 5).

Joseph - "Some do everything for you and others make you do it for yourself. At the end I knew the difference" (file, p. 17).

Ruth - "He just got a ticket, for me, and we went. I thought, I don't care if I never go, really, as long as I stop wanting to go, and my son-in law- took me (tears)" (file, p. 12).

David - "Dorothy was dying and I had been called to attend her. That is the best gift I have ever given in my life" (file, p. 1).

Thomas - "I'm not important. I'm not holding up a map for the future. What you are, you are. What you can make of yourself, you should do. What you can make of your life" (file, p. 8).

Martha - "I also know her spirit is very much alive" (file, p. 11).

Hope

Anticipation is a looking forward to something. It is the looking forward with the desire to carry on, as opposed to giving up in despair. I analyzed anticipation as a form of hope in the emerging themes which differed from hope as coping/adjustment in the pre-set themes. Hope as anticipation was considered as looking forward to something, a visit or a gift, a concrete or definable "something," whereas hope as an abstract thing in coping was hope for a better tomorrow based on an inner value, perhaps a belief in

a superior being, or one's own abilities to manage change and one's life. The two forms of hope have been collapsed and described as hope.

Hope has been described as a belief in possibilities. It was demonstrated that having hope described the on-going method of carrying on in the continuous living process and in experiencing life. I interpreted it as a sustaining factor in living. Note the age-old adage (source unknown) "where there is life there is hope." In human terms, with mental and reasoning powers, there is, thus, little meaning to life without hope. Hope was discussed and analyzed as coping in the pre-set themes and addressed as anticipation in the emerging themes. Overall, hope was shown in 100% of the cases to some degree and in 70% of the case to a high degree. Hope was described in these sample statements-

Samson - "I used to think about the what ifs, and might haves, and could have beens. Now I just put it aside... . I think about the future. The thing is, there isn't much room. Oh! There's lot's of things" (file, p. 6).

Joseph - "It's attitude. It's all attitude. There were three of us. One expected a miracle. I had attitude. The other let it happen" (file, p. 17).

Elizabeth - "Life is a soap opera. I'm gonna live 'til I die. I'm energized by it" (file, p. 3).

James - "I think about moving out, but I like it here"
(file, p. 7).

Teresa - "I like to go to my old doctor's for a meal. He is
a great friend. I love to chat" (file p. 7).

Mary - "I cope by getting away. Everything is magical and
that's how I deal with it all. I just get out of this
world" (file, p. 9).

David - "I had an ESP experience. I saw myself lying in
state. I gave a scream, and they said they were not ready
for me yet. It's not over 'til it's over" (file, p. 1).

Thomas - "My grandchild! Isn't she a cutie? My sweetie.
Who would have thought, but the baby is such a darling"
(file, p. 2).

Martha - "I put my name down in her building and her name
down in my building" (file, p. 1).

Ruth - "I decided I would bring the outside world in" (file,
p. 13).

Despair

Despair was investigated in terms of a dictionary
definition by Webster's (1992), as being that sense of
anguish, going beyond loss to a feeling of hopelessness.
Four examples are given:

Samson - "You have to have credentials. You had to have your I.D. in order. The association refused me a license. The accident, like, prevented me from doing so much (tears)" (file, p. 2).

Joseph - "Suicide! I had never consciously thought of suicide. It seemed like there was nothing else" (file, p. 3).

Thomas - "I'm going to die. I say. You're going to die, and don't you forget it! It won't get any different, any better" (file, p. 1).

Mary - "I can't let myself think about it. I can't think about - not living" (file p. 10).

Belief

A belief system was demonstrated by all the subjects in both the hidden content and the overt statements made during the interviews. The chart reviews supported the interview information. The following excerpts show examples of belief:

Samson - "I got a whole pension. I got a gold plaque" (file, p. 1).

Joseph - "Faith is the only way" (file p. 17).

Elizabeth - "She was proud, Mother. She wouldn't do that. She had her truth. I had to go out to work. You have to do what you have to do" (file, p. 5).

Mary - "Religion is not something to hang on to, but, I pray" (file, p. 7).

James - "I have an interest in things. Things you look up the background on, the reasons why. The meaning of life, that's important. What are you and look for in relation to the self" (file, p. 6).

Martha - "She had gone. She had completed this part of her existence and that's that. I felt her spirit go by me. Energy is not lost, you know. It is changed from one form to another. The biochemists say, if you sneeze, it affects the whole world. I believe that. It changes the energy all over the world: One sneeze!" (file, p. 3).

Teresa - "My family were Anglican. My husband was a Methodist. When I married I went with him and helped to build his church. When he died, I went back to my own church" (file, p. 7).

Thomas - "I didn't hurt anybody and I've worked a good life" (file, p. 8).

David - "The planes came, circled, chose the targets and dive-bombed them. Six was lucky, if you counted six, you were O.K. I began to think I was one of God's chosen" (file, p. 8).

Ruth - "We should have the hymns chosen. I can leave a note. I believe in planning ahead. Also, there is this little bit of poetry: 'I am not here. I did not die. I am something in the sky (source unknown).' I can't remember the rest of it. I'm going to leave that too" (file, p. 4).

In the final analysis overview, in a chronological sense, my study showed that life was sustained by hope and rested on a belief system. I found the belief system was supported by love which promoted coping through loss and/or death to reach acceptance. This allowed for reminiscing with hope, the alternative of which was sinking into despair. This appeared to be a cyclical pattern.

In the emerging themes of anticipation/hope, despair, love and a belief system, I found that hope was shown as coping. It was also shown in the pre-set themes of loss, death and reminiscing and hope as adjusting/coping. Hope was identified as a major component in the belief system, impacting on how loss is handled and affecting the level of despair and reminiscing. I found the same results in both the quantitative and qualitative analysis in an overwhelming majority of the cases. Thus, in my overall analysis, hope was significant to reminiscing and determined to be a form of coping from the subjects' perspective in this subjective examination.

My study results showed almost every subject (90%) as having some sense of despair over the lifetime in the loss of friends, family and material and abstract things. Profound despair accounted for some 30% of feelings in 30% of the subjects, in the individual analysis (Appendix H). There was a general consensus that the subjects were authors of their individual chapters in the book of life but each believed an editor or other "greater" or overall author, either stated as God, fate, or the unknown wrote the larger book, or the final text.

The stories did not describe the being or author clearly, nor did a specific religious figure emerge. A spiritual being was not discussed in any detail, being mentioned in some 40% of the stories, briefly. The religious practices discussed in the interviews did not necessarily support the individual's belief system. Practice and belief, it was determined, may differ. Belief was that value which supported the lived experiences as a foundation to how an individual managed those experiences.

I found evidence to show that beliefs were founded on Judeo-Christian concepts. These Judeo-Christian values were viewed in the same way that the legal system is based on Christian values, rather than as a spiritual belief in God. They were in the sense of right/wrong and should/should not. Overall, I found three areas of belief which surfaced.

These were: a belief in the traditional family structure, the structure of society and religion. One case was mixed and remained unclear. Some 70% of the subjects showed belief in a religious parent figure with some spiritual values, but these were not of a conclusively spiritual nature.

The concept is synonymous with the research method I presented within story analysis in chapter two of this paper, in that the chocolate chips hold the bits of cookie batter together and create a "tastier" product. It can be interpreted as the belief system supporting the individual's reminiscing and creating a more acceptable or a more stressful coping process, depending on the belief. The cookie analogy also describes my role in writing the narrative and the inter-relationship of the story tellers.

Both the pre-set and emerging themes rested on the foundation of a basic belief system guiding and governing the individual's life. Therefore, without exception, a belief system was clearly identified as the underlying foundation for the eight themes identified in the investigation and analysis of reminiscing, and the examination of the coping phenomenon completed in this research.

Chapter Summary

In the preceding paragraphs I discussed the development of common themes and patterns and how data were analyzed to show the methods of coping. The unusual at times may become more important than the usual and challenge the assumptions that people have. Thus, I found that people cope by reminiscing, but not necessarily by planning for the future or to make the past more meaningful; rather it was to give themselves the mental peace to live with themselves and make sense of their lives. It was further established that a baseline of a belief system, be it the traditional family values, the social structure of society, or of a religious nature, provided a baseline, a foundation, for the way these subjects lived out their lives. Within their belief system was the hope or despair which had positive or negative impact into coping with loss, death and needs.

Despair left a feeling of hopelessness or a raging anger, with reduced coping and deterioration in physical well-being/health as shown in Stage Two/Three and Three/Four of Kubler-Ross and in the subjects' comments/examples given. This showed reduced coping which may progress to further loss and death. Hope, as coping, gave the ability to address problems with love and hope to plan and prepare for the future and the remainder of a personal life, while

accepting, preparing for, and leaving at death an emotional and often a physical estate in readiness for management by their heirs. This preparation was not so much in how to die, but rather how to go on living and leave, at passing, a manageable wrapping up of their existence for those left. This process allowed the aging dignity in making these provisions, while demonstrating some acceptance of the finality of life and the inevitability of death. Ruth phrased it thus: "I called a notary, and set it down. It should do" (file, p. 6).

The reminiscing followed the belief system, paralleling it in providing a way to describe, rationalise and report life stories. Coping was suggested within the rhetoric and was described innately by the love of self or others, thus it was founded in the belief of "Do unto others" and based on Christianity. Overall, I found that beliefs demonstrated a baseline of Christian values in the same way that the legal system is based on the Christian values of the Ten Commandments as "shalls" and "shall nots". Spirituality was not conclusively addressed. Belief was based on those fundamental values which governed how the individual went about coping and managing life as understood and described by that individual.

In concluding the chapter on findings, I completed a phenomenological analysis which described the activities in

the discovery of themes and patterns, identified categories and went from the general to the specific. My central focus was the reminiscing within an individual's life story. I ferreted out the meanings for the individual and interpreted them in story analysis and in quantified percentiles in terms of each one of the eight themes.

The second interviews validated and verified the information given in the first interviews for all subjects. The content of all stories remained unchanged. In three cases more information was added or repeated in the same context as the primary story. The spelling of names and places was corrected in two cases. Seven of the ten subjects displayed increased emotionalism with more tears than at the primary interview. Interestingly, in the despair figures, 30% showed a high degree of despair and this compares to the third to fourth transition stages in the Kubler-Ross stages of Death and Dying theory. The same 30% showed increased emotionalism at the second interview. Time did not permit further analysis of these figures within this study; however, I believe these results have indicated a need for further research.

In completing the chart review, I found that it verified the subjects' information in the majority of cases (80%). There was much less documentation and it was given from the objective perspective. In two cases the chart review showed more despair than had the overt statements of

the subjects. The analysis of the hidden themes supported the greater despair and the sense of hopelessness in the same percentage (20%). In two cases a higher level of frustration and despair was indicated in the chart records than that shown by the subjects' reporting. This left the interpretation of hidden meanings and the analysis of the stories open to my interpretation as the researcher. I interpreted this increased sense of despair and decreased sense of hope as founded in the belief system. In one situation, it was the structure of society, and in the second it was the traditional family values. One case was unclear. The remainder had Judeo-Christian underpinnings. The story analysis was supported by the numerical values shown in the reference section (Appendix H & I).

In comparing the results with the theories, I found that all subjects demonstrated the Maslow theory in practice, with three of the ten (30%) having conflict at the fifth level in unmet needs and lacking in a sense of self-fulfillment. According to Erickson's theory, all subjects were shown to be in the eighth stage of the life stages theory with three having conflict. Interestingly, this is the same percentage value as that found in despair and conflict. All subjects demonstrated the Butler life review process as a part of the overall interview process and reminisced in the reflections about their reminiscing at this stage in their lives. They did not all clearly show

reminiscing as a life review process outside of the interviews themselves, in their descriptions of the past.

A number of subjects agreed that they reminisced and indulged in memory to make life more interesting, to get away, to make life meaningful and pleasant by memories, as well as to make sense of the past. Joseph chose to think about only the good things, and Samson verified the practice of putting thought aside in this question. "What the hell can I do about it now?" (Sampson file, p. 6). Overall, the study supported Erikson's ego theory, to a greater degree than Butler, in showing the subjects as making the end stage of their lives more acceptable to them by re-structuring their memories and choosing what to remember.

I found that the Kubler-Ross theory was clearly identified. It was shown to be present in some 60% of the subjects, with the chart review of the same 60% giving identical results. The following example of one subject's self-comments and the chart review records exemplifies the Kubler-Ross theory. The stages were identified in the analysis. The following example represented Stage Two to Three and Four to Five in transition and demonstrates the fluctuation that Kubler-Ross identified in her later works (1986).

Thomas - "I'm going to die" (file, p. 1), and from the chart file: "He is heard pounding the walls in and swearing, in

his room. He discussed wishes regarding final care, with the medical director" (chart file p. 2).

In terms of the theorists, what is interesting is that the process of coping was done by the individual according to the belief system. I identified belief in all cases, not necessarily as a spiritual belief. Rather it was a value system, be it a belief in good or evil, a belief in a God as a spirit being, or as a practice in living. In the study, I found that belief, as centred in the traditional family values, as a work ethic and as a belief in the social structure of the community and society. It was interesting to note, as well, that for the exemplified subject in the previous paragraph, the concept fits into the Maslow's fifth stage and Erikson's eighth stage of conflict versus despair, as well as supporting Butler's life review in terms of accepting, recreating, or as choosing what to remember. The Kubler-Ross stages of dying were likewise exemplified in belief, in that individuals accept, deny, and/or work through issues, based on their individual beliefs. In a sense it became a cyclical process. What I found significant was that for the subject, the worker, the practitioner and the individual, when the belief system is known, the caretaker, the victim and/or the suffering can cope and/or receive assistance to a much greater advantage.

CHAPTER FIVE: CONCLUSIONS AND RECOMMENDATIONS

The primary goal of the study was to look at reminiscing as a coping phenomenon in loss and death. The categorized themes show the subjects as operating from the base of a belief system. All show reminiscing to some degree, with loss and death as a part of the loss. Hope is shown within the reminiscence with reminiscing as a coping mechanism. The study gives both quantitative and qualitative results in story analysis and numerical values which verify the results for both methods. The research methodology is story analysis per Van Manen (1990), and triangulation in data sources, member checks and reflexivity, together with the triangulation in theorists per Lather (1986).

The aims of the study are met in the analysis of themes, the patterns emerging, in triangulation of methodology, story analysis and in relation to theory. The assumptions of death/loss as negative and passive with the potential for positive action is shown in the management of loss and choosing what to remember. In the subjective analysis reminiscence is shown both in reporting and in practice. This is consistent with the five assumptions from chapter one now restated and reviewed.

Review of Assumptions

- Dying is negative and passive but can become positive and active.
- People want to know they are going to die and a subjective analysis will provide valuable information.
- Individuals respond to loss and death in a similar ways and by a common defence mechanism, reminiscence, which is used as a coping mechanism.
- Reminiscing will be more beneficial when individuals have an understanding of its purpose.
- Reminiscence is used as a coping mechanism by those elderly who lack purpose in their lives and use reminiscence to fill that void.

In four out of the five assumptions the results compare to the assumptions favourably. The elderly consider dying negative for the young (i.e., In the case of Martha's brother being killed in the war). They accept death when it comes to an individual within an expected time frame of normal longevity, 70 or more, in terms of years. It is described as sad for the individual and those left, but accepted as a part of life. Martha, in describing her sister as wearing out, and Thomas, in talking about not being afraid to die and having lived a good life, are prime examples. Those in the study show acceptance of the inevitability of death, but show, too, a desire to have some

idea of the expected time to allow them to prepare their estate, in both the physical and abstract sense (i.e., feelings), for their loved ones, their heirs or those left. They prefer to leave few details for others to deal with, in effect, to leave a clean slate, as this comment by Ruth, "I had to break up our home and arrange everything. Who would bury us? Who was going to put us away?" (file p. 6). This shows the active positive approach and death, as a part of loss, becomes positive and active from being negative and passive.

Death and dying are a part of loss and are included in the findings in the larger area of loss emerging in the study. Individuals are shown to respond to loss and death in similar ways, using reminiscing as a coping mechanism. Of painful clarity is Samson's recurring statements, showing loss and coping. "I'd hit the road again. The train crews were good. They'd tell you where to go to grab a good car. 'Take that one,' they said. The fifth one from the engine. It's full of brown paper packing where you can lie down. There was even a doctor and his wife, riding the freight trains" (file, p. 4). Coping is shown in the retelling of the story with reference to the belief of a work ethic being justified in that the doctor is also out of work.

The fourth assumption, of reminiscence as beneficial when the purpose is understood, is shown by the results of

the study wherein reminiscence is shown as a coping mechanism. The emerging themes identify the presence of different beliefs as the foundation and the basis of how individuals cope. Reminiscing is shown as a part of the coping process resting in the belief of the individual. This knowledge adds to the value of the work in giving a means for the development of educational tools, management planning and coping strategies: to assist, not just the elderly, but anyone suffering loss and/or death.

The fifth assumption of purpose, with reminiscing filling a void in time, is not clearly demonstrated in all cases. Hidden reminiscing, however, is present in 100% of the subjects, and in 50% it is shown as coping. That it is used to fill a void in time is not conclusive. The major percentage of the subjects do admit to reminiscing to increase their psychological comfort level and emotional well-being, when alone.

Limitations

Some perceptions and experiences with regard to the location of the study and my professional background prior to the study put limitations on the work. A background in the nursing profession provides me with an ethical base; however, working in the nursing home area creates a degree of familiarity which gives a social component to the

interview (Wallace, 1992). While the subjects are comfortable and talk readily and freely, there exists the potential for me to become therapeutic. Constant awareness in body language and self-awareness is necessary for me to keep the approach objective in both reactions and responses. While this is necessary, it makes the interview process very formal and can be a form of overcompensating to reduce the social element which can be a further limitation.

In an epistemological sense there are assumptions upon which a study is based that put limitations on the research. Such a limitation is the background research, wherein there is a paucity of Canadian work generally, and a lack of investigation at the subjective level into the purpose of reminiscence for the elderly. The emerging themes are new information and I have no literature to review and make comparisons. A further limitation of the study is the potential for content analysis to be self-fulfilling and over ideological, in that the study of human nature, itself, includes the potential for self-reflection and self-awareness by both a researcher and the subjects.

Internal Validity

There is a mutual understanding by myself and the subjects about the data collecting process and the terminology being used. Reflexivity and my professional

background provides an awareness of ethics and the need for objective reporting while remaining sensitive to the human aspect. I maintained face validity using the second interview review process of the subjects.

External Validity

My informant selection process and describing the process of the study design clarifies the method for the subjects and provides for replication in future works. The data collection techniques, verbatim statements, chart review, and re-affirmation for accuracy and understanding of the subjects' realities, give a concrete precise description of the verification method. Triangulation produces a verifiable expression for describing life experiences.

Qualitative research by life stories is change oriented and links subjective experience to society. It is both individual and global in perspective and provides a way to promote awareness and educate those who work with the elderly. Reviewing the past and participating in research develops awareness in the elderly themselves, promoting their input and creativity into helping themselves. It highlights the purpose of a phenomenon and develops understanding in the subjects who practice a behaviour by defining a purpose to that behaviour, together with

the understanding that the behaviour continues and grows after a retirement age (assigned them by society), reduces or takes away their accepted "raison d'ete," or purpose in life.

Dissemination

The study results are available in response to requests for copies of the thesis. I will respond to the "call for papers" within the health care industry and other relevant areas and make presentations at conventions, seminars and/or conferences.

Implications for Practice

The impact of these outcomes in the health care field has implications for practice as a part of a body of research on death and dying, reminiscing and the coping phenomenon. This paper is available for review to promote further research and interest. My study provides insight into the coping phenomenon and outlines some background on death and dying, giving greater understanding and appreciation of the aged. The results can assist in the education of professionals and educators as one of the criteria to consider in planning elder care, (i.e., elder care programs and self-care reminiscing program planning).

A secondary result is the increased self-esteem in the elderly. The results are geared to attitudes, and attitudes change behaviour. An example is planning the care for the grieving. These study results, showing all as working from the foundation of a belief system, are a benefit to health care in that when a worker knows the basic belief system of a patient or a client, that information can be used to expedite and increase worker efficiency in assisting the suffering individual to work through the grieving process. This can improve the quality of treatment and care. The same holds true of loss, death and dying, in assisting persons through the stages. A knowledge of the underlying process of coping can speed up treatment, relieve/reduce stress and enable the individual suffering to more quickly and better adapt to problems which are addressed from his or her personal belief perspective. The increased understanding by families can increase/improve family resources as supports to care giving, reduce stress on care givers and the health care system. Teaching and understanding can lead to constructive intervention in depression in both long-term and general care. Increased dignity can be a positive result of appropriate interventions, be they individualized programs, family support and/or an enhanced sense of respect in the self and others. Finally, I believe that therapy can be geared to the individual based on these study results.

Strengths of the Study

The strength of this study is the outcomes which are neither specific nor restricted to the elderly. The high number of responses in the sub-category of a belief system support the value of subjective research and the importance of investigating and re-investigating phenomena. My open interview questions reduce the possibility of interviewer influence. A third strength of the work is the method, in that the quality of the face or internal validity in the feedback review system adds to the data credibility. The external chart review further reduces bias. The use of theory supports the overall analysis in the known subject area of death and dying, where considerable research has been done from the objective perspective. My work looks at the questions from the subject's point of view increasing knowledge, credibility and understanding within research and in society.

This study establishes the value of research in the further development of knowledge as to how people cope, more especially the elderly, but also demonstrating that investigation benefits all humanity. The implications for the elderly are the increased understanding by health care workers giving a greater sense of dignity. The implication for society is the greater knowledge base and the information available to plan and effect change resulting in

more and better education with the increased sensitivity of the general public.

Recommendations

My recommendations for future research are the potential for increased study and more investigation, that will compare these results with a more in-depth review of the chart records to further compare the subject's perspective with the objective perspective in a greater in-depth analysis of content. Loneliness, not developed beyond the component of despair, is an area open to further investigation. The degree of despair (30%-40%) may have some indication and bearing on the need for future work. An area worthy of investigation using the method and topic of my own study is the need for research to be done on different age groups and cultures. Comparisons could then be made with the research herein.

I found some evidence in the literature review, in the Moon study, as well as within this research itself, to merit investigation into paranormal experiences in the elderly. An example is David's interview which shows some belief in ESP, extra-sensory perception and/or NDE, near death experience phenomenon. The phenomena could be investigated in more depth in content analysis, beyond belief. My findings also support the idea that attitudes toward

religion is an area worthy of further investigation.

Perhaps an investigation into spirituality and values, differentiating between belief and values, in relation to coping, is a further area meriting future research.

Feasibility

The major cost factor is the time of the researcher: my time. The subjects are available and willing participants. Volunteer subjects, the length of the study, and the potential for loss of a subject due to illness and/or death are all factors, both as limitations and as to feasibility. I had to maintain a constant awareness and understanding of the principles of ethics. Consensual agreements with all involved individuals is mandatory and I had always to keep ethics in mind.

Summary

In the foregoing research I presented a number of theories, models and research papers in the literature review in relation to the topic. Research methods are also addressed. The study is shown as a valid and a needed area of investigation. The process of adaptation to loss, death and dying and the relationship of reminiscing is studied from the subjective perspective. Coping is shown in the

positive aspect of hope in interpreting the content and meaning of the subjects' stories. Those suffering loss and death need to have personal input to analyze how they feel and describe how they cope, to understand what they talk about and why.

The distinct characteristics of a belief/value system specific to the individual, and not necessarily recognized as a practised religion, or as being of a spiritual nature, is significant. I found this to be the foundation to all themes, and the basis of reminiscing as a coping phenomenon. The fact that it may differ for each individual is important in the care of the elderly, the infirm and in promoting education and understanding in society.

My research supports the work of the theorists in the literature review. Maslow, in the Hierarchy of Needs, describes the final stage of life as in becoming, perhaps growing, to the state of agape love, understanding and accepting death. Erickson follows the same line of thought and theoretical perspective in the ego development theory. Buhler, Jung, and Maslow take a more global perspective whereas later researchers like Butler and Kubler-Ross are more individual. All consider the needs of the individual in the human perspective and on a continuum to give coping with loss and death dignity and acceptance by the victims, and acceptance and peace for the survivors. In my study, the emerging themes provide new insight into understanding

loss and death and the relationship of reminiscence to coping, thus demonstrating the importance of the information learned.

Societal attitudes can be re-evaluated and changed to benefit the elderly, to give them greater dignity, respect and improved self-esteem. This can only happen with research and education of the general public. In the nineties the topic is seen as of increasing interest with some impact apparent at policy making levels. Some studies on suicide place a positive emphasis on euthanasia. More work needs to be done. Both objective and subjective analysis are important to the future of the elderly in Canada and elsewhere.

There remains much to be learned and understood about how reminiscing is carried out and how it influences the adaptation to an altered life style, changed living arrangements and acceptance of the loss for the survivors, as well as for the dying and the acceptance of the inevitable, giving death with dignity and peace. The same holds true for loss.

My research, with the development of new information from the content analysis of emerging themes, shows interesting results in placing belief within reminiscing. It shows how the cognizant elderly reflect on the past, or plan for the future in life, or in leaving that life. This is demonstrated as taking place with varying degrees of

love, hope, despair and/or acceptance and within the confines of the individual's belief. Thus, my work points in a forward direction, with implications for the individual and society.

Conclusion

The intent of the study was to investigate the reminiscing of the elderly to determine its validity as a means of coping with loss and accepting death as a final loss. The results of my analysis support reminiscing, not overwhelmingly in preparation for death or dying, rather to rationalize how life is lived and to make sense of "what happened" over the process of living. This conclusion compares to the theorists in the literature.

What I have established herein is that the coping and making sense of happenings and the meanings/understandings given them by the subjects is shown as being done within an individual's belief system, and further, that this may differ for each individual. The belief system is seen as the foundation of how the individual lives and reminisces and can be seen in any individual, at any age. The religious practices described, do not all, and do not necessarily correspond to the belief system. Thus, religious practice and belief are not one and the same. The

belief is not always as it appears on the surface, or that which the individual gives as the belief. That which causes great despair and/or allows for acceptance is the true measurement of the individual's belief. Belief is a fundamental support to living and to reminiscing. Coping is a part of reminiscing and is based on the belief within which the reminiscing takes place.

The following paragraph, a true story, may best describe the feelings of the elderly on their memories in the final chapter of their lives. I came upon the situation during an interview visit to the seniors' home. I have written the happening in a poem. The context is as it happened.

Memories

In a cast off corner of a corridor,

There paused an aged lady,

- much distressed:

Clutching a scarred and battered image,

Rose-splattered, with shards of glass.

Her ragged voice hung jagged words

on a line of air:

- She passed

"I broke his picture:

The glass one of our wedding

- in two parts!

My head is full of memory:

I had them all."

- She wept.

You have them still!

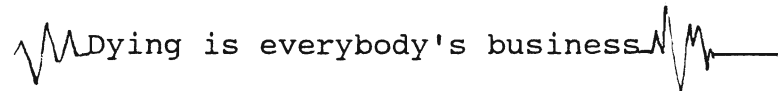
You hold them in your heart.

- Hidden treasures:

Reflecting love: Reflecting life.

- She smiled

The research is complete. Chapter one introduces the study in the words of a metaphor: "Its not enough to study them like beetles under a microscope. You need to know what it feels like to be a beetle" (Stephans & Ury, cited in Crum, 1987, p.150). The preceding chapters validate the truth of the quotation, verifying what it feels like to be a human beetle. The purpose of reminiscing and the outcomes of the study can only be addressed, and change effected with the input of the affected individuals. Investigation from the subjective perspective is essential to stimulate an objective response in working towards results. Thus, can research be definitively justified and humanity truly benefit, in a world where:

Dying is everybody's business

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Appendix A
Brock University
St. Catharines, Ontario
Release Form for Seniors' Residence

Title of Research Project:

The Elderly, Reminiscing, Coping with Loss, Accepting Death

Principal Investigator: Shirley Neff - phone 905-271-9853

Thesis Advisor: Dr. T. Boak, Dean of Education

I _____ hereby grant permission to the
above named investigator to work with volunteer participants
in the interest of education and the study of the elderly in
. I understand that the
researcher will visit with volunteer participants during
public visiting hours at times pre-arranged with each
individual. I understand that anonymity is assured, all
data are confidential and will be destroyed on completion of
the study.

I understand that on publication of the research the results
will be shared with this institution, either in a copy of
the published work or by an oral report.

Researcher Name:

Date:

Residence Administration:

Date:

Appendix B
Subject Information Sheet

Subject: (Identification Code) _____ -

-
1. Age _____ Gender _____ Status: S ___ M ___ D ___ Sep ___ W ___ WD ___
 2. Ethnic/Culture/Background - Check off or fill in below:
 Canadian ___ English ___ Irish ___ German ___ Scottish ___ French ___
 Chinese ___ Jamaican ___ Other(state) _____
 3. Mobility - Walk alone ___ Walker ___ Wheelchair ___ Cane ___ (s) ___
 4. Health - self-medicate/care ___ assisted medicate/care ___
 5. Length of time living in seniors' residence _____
 6. Pre-admission place/area of living - City ___ urban ___ rural ___
 7. Childhood home area of growing up - city ___ urban ___ rural ___
 8. Next of Kin -
 Brother ___ Sister ___ Children ___ Parent ___ H/W ___
 Cousin ___ Niece ___ Nephew ___ Significant other ___ Friend ___
 9. Contact Frequency - weekly ___ monthly ___ 3-12 mons ___ <1 yr ___
 10. Death of one or more of (# 8) in the past : 1-3 months ___
 3-12 months ___ 1-3 yrs ___ 3-5 yrs ___ over (<) 5 yrs ___

.....

Tear off sheet will be destroyed

after subject is contacted.

Name _____

Appendix C

Brock University

St. Catharines, Ontario

Consent Form for Participants

Title: The Elderly

Reminiscing, Coping with Loss, Accepting Death.

I agree to participate in this research study conducted through the education department of Brock University. I understand that I will complete an initial questionnaire on general personal information.

I understand that my participation involves an initial taped interview during which I will present my thoughts regarding reminiscing and coping with loss, followed by a second and identical interview. I will tell my story in my own way, relating questions to my thoughts and feelings which may include memories, stories and happenings accumulated from my life over the years.

I understand that I am free to abstain, discontinue and withdraw from the study at any time without penalty of any kind, and that I may choose not to answer any or all questions in the taped interview, the questionnaire and/or the final interview.

I further understand that my chart record will be reviewed by the researcher, and that I may ask that this be excluded; and be assured that it will not be used in the event that I make such a request.

I agree to participate in this study understanding the preceding rights to withdraw or decline information at any time. I will answer questions relating to my attitudes, feelings and thoughts about remembering and coping with loss, and will freely and of my own volition share my story in talking to the research interviewer.

I understand that all the information will be confidential, anonymity is assured, neither my name nor that of the residence will be used and all information will be kept confidential. I further understand that all relevant written information and materials will be stored separately under lock and key and will be destroyed following data analysis and the completion of the written work.

I have read and understand the information presented above. I hereby give my consent to participate in this study.

Subject Name	Date	Signature
(Print)		

Researcher Name	Date	Signature
(Print)		

Researcher Advisor Name

Appendix D

Brock University

St. Catharines, Ontario,

Researcher Introduction

Thank you for the opportunity to speak with you to-day. My name is Shirley Neff. I am a nurse and a student in the Master of Education program at Brock University. The administrator of --- and your president have kindly allowed me to address you. My need is two-fold. Your support by a number of volunteers to work in a research project, firstly, to assist me in obtaining a graduate degree in education, and secondly to prepare for the future of seniors in society by your participating in the study. This may, in the long range, benefit the elderly by providing a focus for care with the potential for improving the quality of life.

The focus for my work is loss and reminiscing. The loss of the past friends, meaningful things, up to and including life, itself. Loss means different things to different people. My particular interest is coping with loss. The investigation will be directed towards memories, reminiscence and how individual people cope with sorrow and

stress. All participation is voluntary. You will find brief questionnaires on the table. These contain the data or information needed to select participant subjects.

I will read them over with you. Think about the process and fill in the questionnaire. You may want to check off and fill in as we go along, pass them back to me or leave them with the president after the meeting to-day. There is no obligation to participate. It is totally voluntary. When the questionnaires have been reviewed, I will call those who indicate their interest. Do this by putting your name on the tear-off sheet. We will set up the individual meetings at the time of my call. You will be helping me in my education as well as assisting research and promoting change in the field of elder care. It is pretty exciting stuff. Change cannot happen without your interest and input. The overall long-range goal is to improve the quality of life. We are people helping people! This explains what I am doing and why.

How the project is completed begins with the questionnaire to-day. Who will do it? I am the researcher, with your assistance. What does it require? A group of 10-12 volunteers who will meet with me for 30-60 minutes on two separate occasions, a few weeks apart, to talk about themselves, to review memories and losses, sharing thoughts and feelings. In effect, you talk, I listen!

All the information is confidential. No identification or names will be used. Every one will become a randomly assigned number. The results of the study will be measured in value terms translated into meaningful data related to remembering, death, reminiscing, coping, and the quality of life. The research will be reviewed with all subjects when the thesis has been completed. This will be done individually or in a group, whichever you may wish. Should you decide to leave prior to completion, an individual review, a debriefing of the project will be done at that time. The expected date for completion is Christmas, 1994 to early January, 1995.

If you have any questions not yet addressed or wish to speak with me further, please ask the reception desk to contact me. I will read the questionnaires and contact you within one week. You are making a valuable contribution to seniors, to research, to society and to me and I am most appreciative. Thank you again for your attention, interest and assistance.

Researcher _____

Date _____

Signature _____

Appendix E

Interview Guidelines

Example of primary closed question

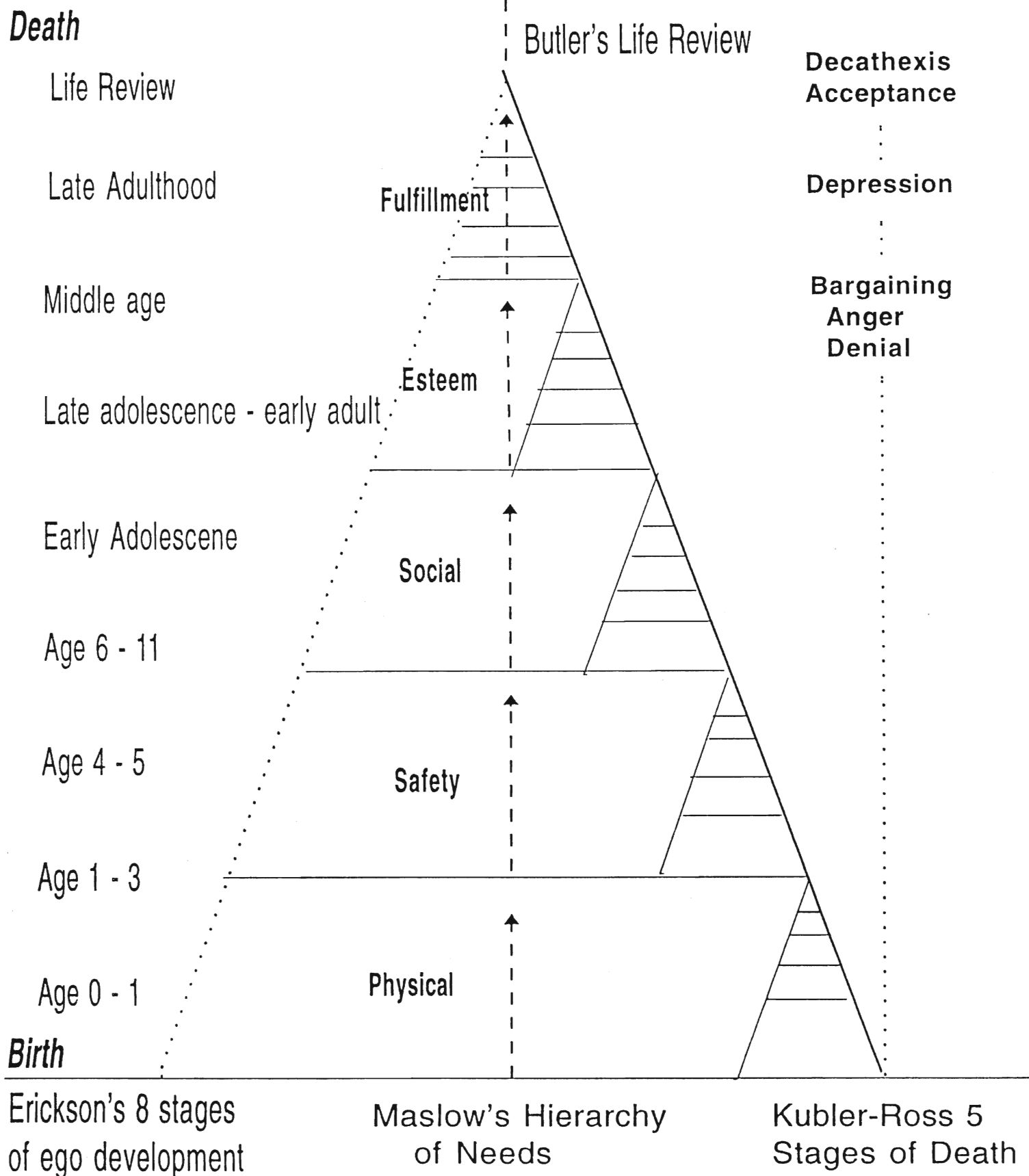
- 1: Do you spend much time in thinking about the past?
- 2: Have you suffered a major loss/death recently?
- 3: Are you comfortable talking about the past?

Examples of open questions

- 1: Would you share some of your thoughts and feelings about your sense of loss?
- 2: How do you spend your time since the death of your _____?
- 3: How do (did) you feel inside? Now? (At that time)
- 4: Has the loss or move affected how you spend your time?
- 5: What makes you think about the past?
- 6: What makes one experience more memorable than others?
- 7: Tell me about it.
- 8: Tell me about yourself.

Appendix F

Triangulation of Theory Outline



Appendix G

Pilot Study

The pilot study was carried out in a single case study. The numerical format for describing subjects was found to be impersonal and unwieldy, leading to a decision to use names for ease of reference. To maintain confidentiality, unrelated names were chosen. Those selected give a sense of respect to the subjects, hereinafter referred to in the Biblical names of subjects 1-10, as Joseph, David, James, Samson and Thomas; and Ruth, Mary, Martha, Teresa and Elizabeth. Joseph was the subject for the pilot study.

Joseph

Joseph, has lived alone for the past six years, five of these spent in a seniors' residence. He is a 68-year-old male of white anglo-saxon origin, who immigrated to Canada immediately following the second world war. In Canada, he met, married, and was later separated from a lady of similar background to his own. Their one child, with whom he has weekly contact, lives in Toronto. At the time of the first interview his estranged spouse lived in the city, but she died prior to the second interview. His only sibling lives in the United States. There is infrequent contact,

perhaps once a year. Joseph described himself as displaced by the "war zone bombing" and a "self-made man." His career in finance began with an entry level local position, from which he climbed to senior management within the system.

Many losses were sustained over his life, with a resultant impact on his health, ranging from the emotional feelings of hopelessness to verbalized suicidal thoughts progressing through a sense of frustration, to renewed physical and psychological vigour and the acceptance of situations with coping adaptations having taken place. Joseph discussed his personal and professional life openly and candidly. The impact of loss was paramount in his story which included a mix of experiences with a combination of influencing factors. He stated, "Faith is the only way, I decided to remember only the good things" (Subject file, p. 8). His story is a cry of pain. In a pictorial metaphor: Joseph's coat of many colours, sewn with the black thread of loss, the lining a silken swath of memory, bound by a cord of acceptance, is interfaced with despair. It is buttoned with hope in a picture of a life: A masterpiece.

The analysis of the tapes was by the examination of the contents which determined the themes and isolated emerging patterns embedded within those themes. The two interview tapes were read and examined separately. The four pre-set areas of interest were identified. The number of times

references were made, by words or common meanings-those with the same or similar meaning to the word, in the same context (e.g., loss as to left home or moved out was considered to mean the same thing as loss)-were counted. The analysis was thus quantified for the four pre-set themes investigated in the study. Non-related, or emerging themes were coded under "other." The themes and patterns in descending order of appearance were, loss 68 times (44.6%), reminiscence 42 times (27.4%), acceptance 21 times (13.7%) and hope 22 times (14.3%). Other, or emerging themes were not quantified in the pilot study. In the final analysis, hope overlapped with reminiscing and loss to give an overall pattern of suffering and loss. There was an underlying theme of hope, showing coping within the losses. This included non-death loss or loss by death and culminated in the loss of his estranged spouse in the final week of the study. The factors identified during the primary interview were verified in the second interview and validated by the self-member review. The themes of reminiscing and hope were validated in the chart review, with the theme of reminiscing and a clear pattern of hope emerging. Hope and reminiscing were shown as coping mechanisms (researcher's term), and in Joseph's words, given in the preceding paragraph, as choosing to remember only the good things.

The detailed information showed a range of life experiences involving personal change, growth, social, political and cultural phenomenon, surfaced under "other" or emerging themes. These experiences could be the topic of further work and a in-depth content meaning analysis, not herein examined.

Loss centred on relationships, showing a traditional belief in marriage and the family, and Joseph's unresolved emotional conflict in this area. Loss centred to a lesser degree on past losses by death and the recent death of the estranged partner. Acceptance was shown as related to the practised and stated belief in God. Coping was achieved by keeping this verbalized belief in mind. Reminiscence was stated as "a matter of choice"; however, the review and repetition of stories within stories during the first interview and the validating interview, was prevalent, providing concrete evidence of the on going reminiscing and reflecting. This behaviour was supported in the chart review, which also showed coping by reminiscing, the sustaining of hope for the future, but with limited understanding. The other category identified a number of life experiences with possible impact on the four themes. Further meaning may be found with a greater in depth content analysis of the emerging themes.

Overall, the investigation showed a heightened concern and individual pre-occupation with a sense of loss. Problems arose from a lifetime of loss and emotional stresses conflicting with a belief system. Recall centred on beliefs about traditional family roles and relationships and the ability/inability to accept change. At the same time coping ability was demonstrated and hope expressed. Understanding was not demonstrated.

Reminiscing implies coping. While this is true, it is also true that coping is defined as a defence mechanism. This differs in purpose to the purpose of the study under way which was that of reminiscing being used to fill a void in time (after 65) and to give meaning to life. This was not shown in Joseph's stories. The purpose, for him, was a coping phenomenon used to maintain his concept of reality, to keep his emotional perspective intact by arranging an acceptable view of the past, rather than providing a coping mechanism in preparation for the present and/or the future. Having stated this, however, choosing what to think about suggests implicit planning. Structured reminiscence is shown as coping.

In comparing these results with the theorists in the study, Joseph met his needs according to Maslow's hierarchy of needs, in that the conflict of ego-integrity versus despair is consistent with the fifth need set down by Maslow. The ego development of Erikson's stages of life

theory is shown in the ego integrity versus despair of late adulthood (the last 40-50 years as identified by Erikson), which is also present in Joseph's situation. The life review process was shown, according to Butler's theory, not as preparation for death but within that concept in that, by Joseph's own admission, he restructured reality. The losses sustained over his life up to and including the reminiscing and coping demonstrated during the interviews showed the Kubler-Ross death stages theory in practice. The stages were worked through, in the greater or lesser magnitude of the loss.

The aims of the study have been met in this single case pilot study in the analysis of themes, the patterns emerging, in triangulation of methodology and in relation to theory. The assumption of death/loss as negative and passive with the potential for positive action is shown in the management of loss and "choosing what to remember," thus it becomes positive, meeting the positive assumption stated. In the subjective analysis, reminiscence has been shown both in reporting and in practice. This is consistent with the assumptions stated at the outset.

Appendix H

Individual Numerical Percentage Values

Pre-set themes:

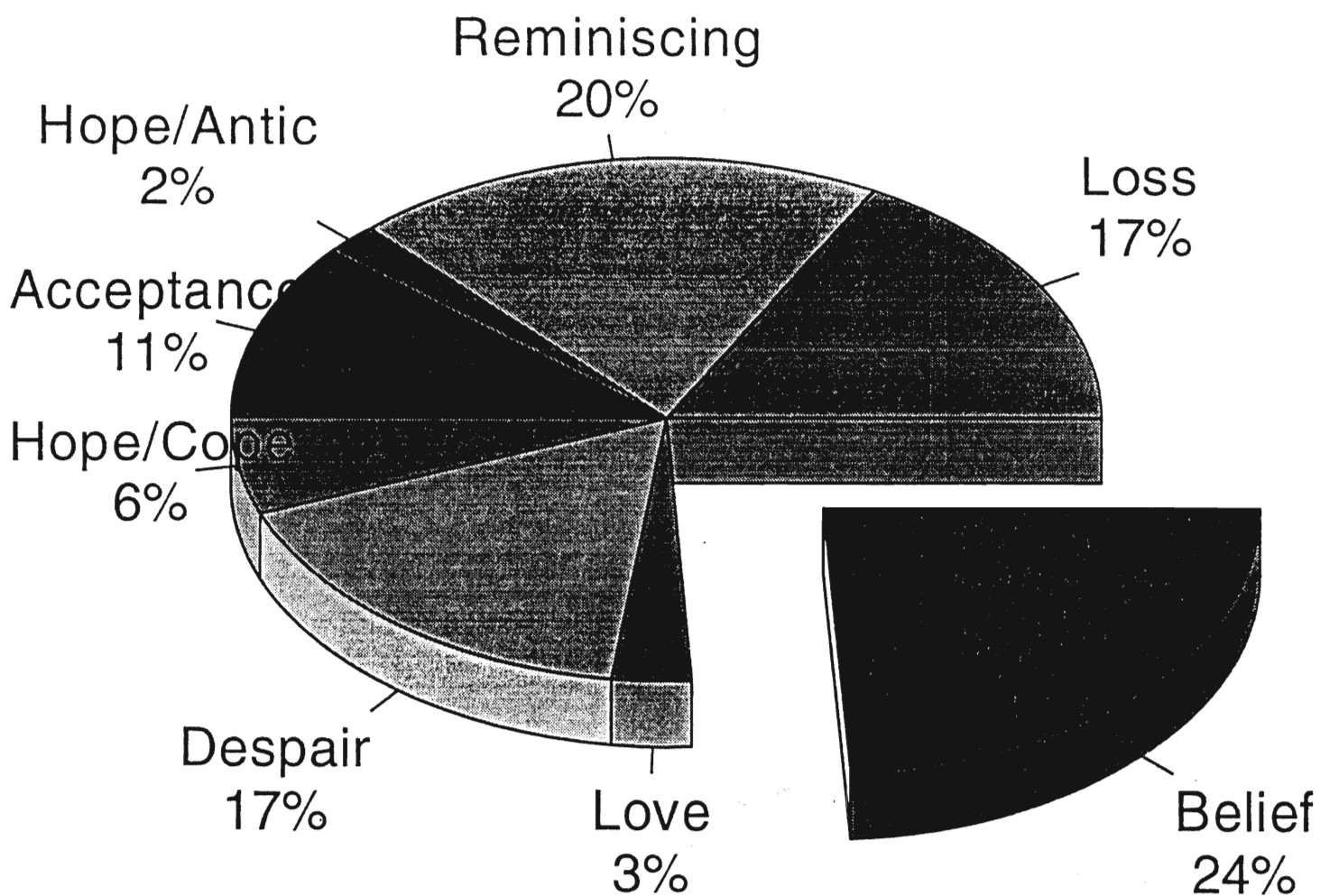
SUBJECT	LOSS	REMINISCING	HOPE/COPE	ACCEPTANCE
Joseph	21.1%	31.9%	15.0%	3.1%
Samson	17.2%	19.8%	6.4%	10.7% *
Mary	14.7%	36.7%	11.1%	9.7%
Teresa	12.9%	32.5%	13.3%	17.6%
James	15.1%	26.0%	7.5%	12.9%
Thomas	6.6%	20.2%	5.1%	13.8% *
David	8.6%	38.9%	8.4%	12.3%
Eliz'th	13.9%	26.4%	4.8%	15.3%
Ruth	18.5%	28.4%	8.0%	17.1%
Martha	16.0%	34.8%	9.5%	10.5%

Emerging themes:

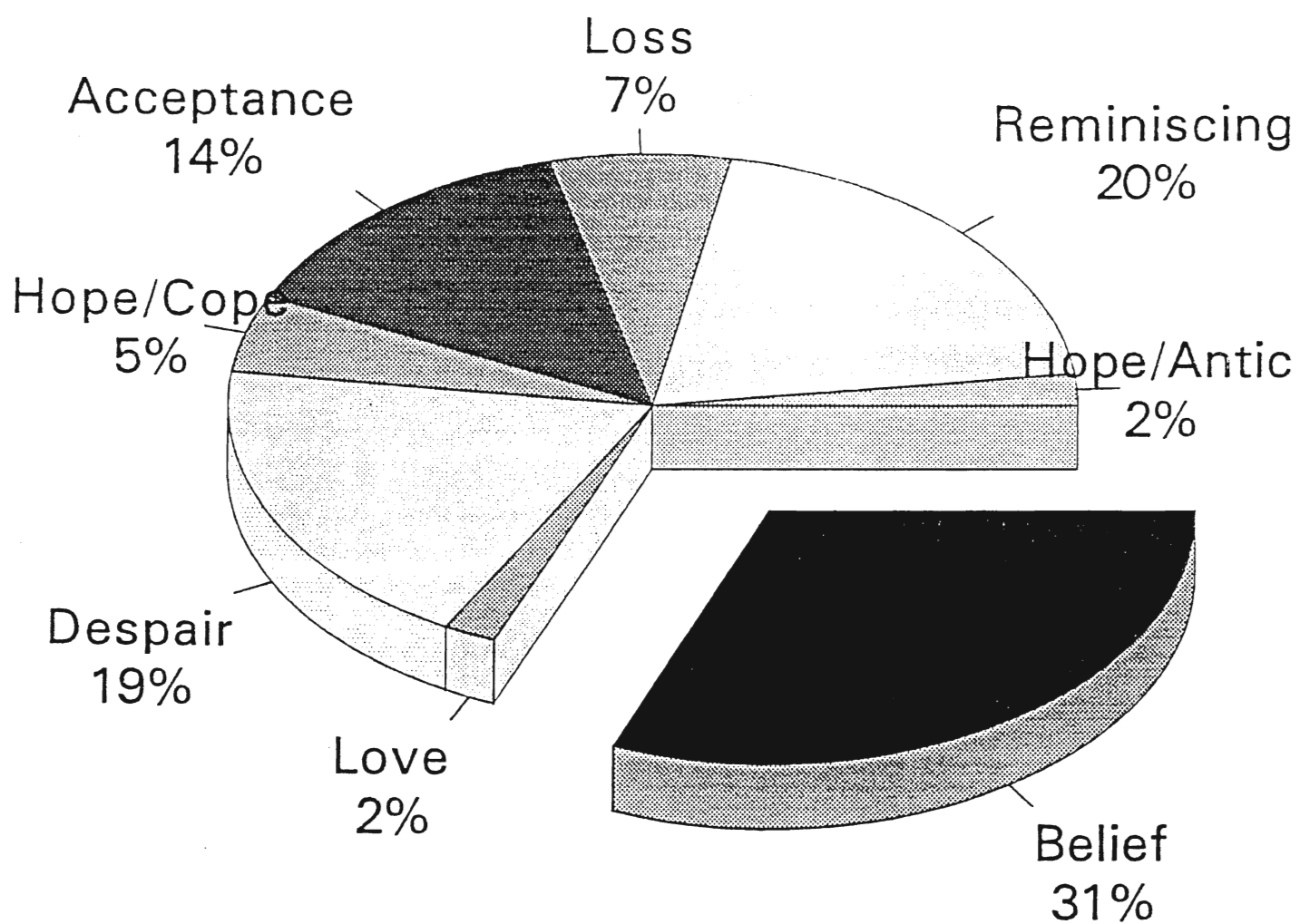
SUBJECT	LOVE	HOPE/ANTIC.	DESPAIR	BELIEF
Joseph	1.9%	2.4%	13.8%	10.0%
Samson	2.6%	2.1%	17.2%	23.6%
Mary	7.2%	2.8%	5.3%	12.5%
Teresa	7.5%	1.4%	.0%	14.8%
James	.8%	.4%	12.9%	23.6%
Thomas	2.4%	2.1%	18.7%	30.8%
David	2.3%	1.3%	.5%	27.3%
Eliz'th	3.8%	2.4%	3.3%	29.9%
Ruth	6.%	3.3%	1.3%	17.1%
Martha	4.1%	2.8%	6.2%	16.0%

* Examples attached

Samson



Thomas



Appendix I
Overall Numerical Values

